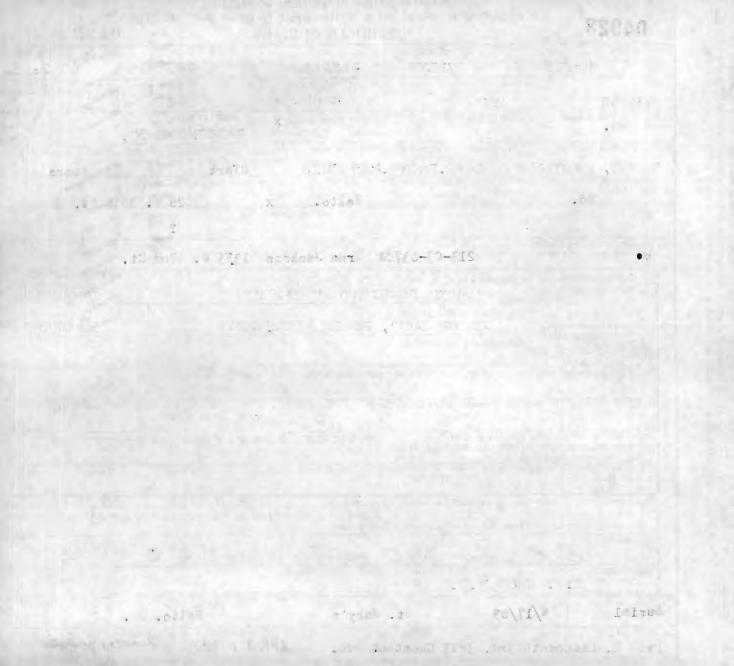
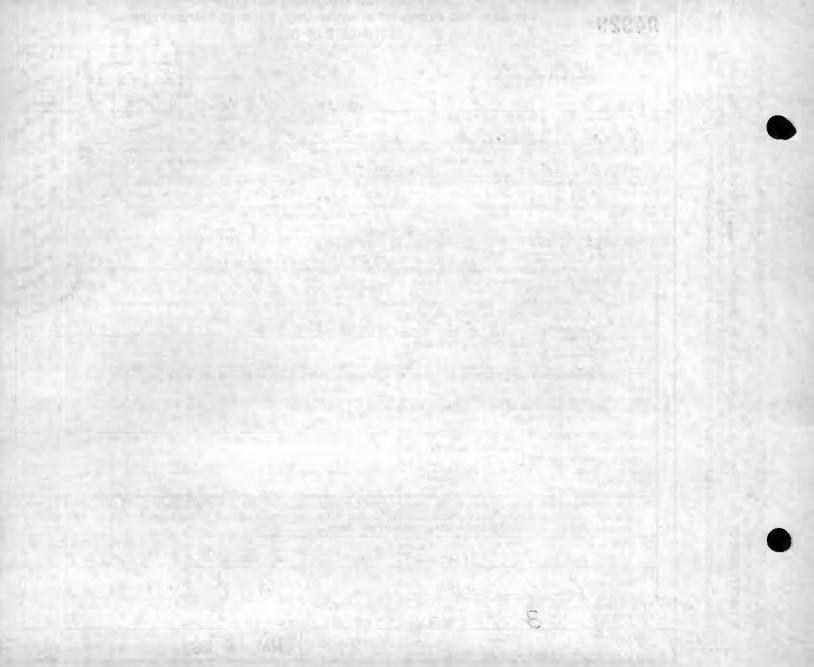
. 1	1			301 W. PRESTON STREET, BALTIA		
7		04927		CERTIFICATE OF DEATH		4920
£ _2#		ECEASED-NAME Firs	Middle	Lost	20. DATE OF DEATH	2b. HOUR
death.	1	Type or print)	L P.	ADLER	APRIL "27, 1989	Yeor 6:30 AM
fur fur fer	3. S	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
the age		MALE	WHITIVO	9/19/19	lost birthdoy) YRS.	NONTHS DAYS HOURS MIN
(图点	70.	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?		. COUNTY OF DEATH	
d in Section 14 h		MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE	Md.
fille Fille Fin	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120. USUA)	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
within 24 hours after ely filled in by, the fu bon papers. Pages I', within 72 hours after		FORT HOWARD	VETERANS ADM	IN. HOSPITAL SOCI	st of working life, even if retired.)	INDUSTRY
ent a get	130.	USUAL RESIDENCE (Where decedission) STATE	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d INSIDE CITY LIM	ITS? 13e. STREET AND NUMBER	
d comple		MARYIAND	EISE, COUNTY	BALTIMORE YES NO	1701 EUTAW PI	ACE
Fin and	14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME Fir		Lost
signed by the attending physicion and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death.		MOSES	ADLE		RAH	PLANT
olea , an	160	WAS DECEASED EVER IN U.S. AR	war or dates of service)		Address	
DAG		es, no, or unknown) (If yes give	WII 212 01 66	35 CLINICAL RECORD	S, VAH, FT. HOWAR	
E E		1B. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mit.		IMMED	ATE CAUSE (o)MYOCARDIAI	INFARCTION		DAYS
per jou,		4109	DUE TO, OR AS A CONSEQUENCE OF			
not mot		Conditions, if any, which gove rise to immediate cause (a),	(b) AITTENTOSC	LEROTIC CARDIOVASCUI	LAR DISEASE	YEARS
		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
JO.		last.	(()			
		PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART I(0)	
2	NOI	CEREBRAT, VASC	ITAR DTSEASE CONDITION FOR WHICH OPERATION WAS PE	DECDAMED 20- ALTEORING	TOOL OF MEET WIEDE CONCURSE CON	CIDEDED III CODICEVINO
2	CERTIFICATION	170. UMIE UP UPEKATION 190	COMBINION FOR WHICH OPERATION WAS PE		206. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
	CERTI	210. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY	YES NO K	noture of injury in Port 1 or Port 2, Ite	.m. 19)
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Year		norme or injury in Port 1 of Port 2, Ite	m 10.)
	MIDICAL	(If either, notify medical exam 21d. INJURY OCCURRED 21e			City or Town	County State
		While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ZIV. LOCATION STREET OF K.F.D. NO.	נאן סני נטאח	County State
		22a certify that (1)	nis hasnital) attended the decoase	ed fram APR 22 , 19 6	9 to APR 27 10 6	9 , that (1) (we) last
		saw the deceased of	live on APR 27	960 and that in front (aur) anin	ian death accurred on the date	and haur and from the
		causes stated abav	e, (k) (we) (did) (did mat); view the	bady after death.		
		22b. SIGNATURE	· ». • • •	ATTENDING ME	D. STAFF 22c. DA	TE SIGNED
,		Hull	go M. Clohmon		RECTOR PHYS. X 4/	27/69
1		22d. PHYSICIAN'S NAME (Type) PHT	LIP M. ASHMAN, M.D.	22e. ADDRESS	ATTEND AND	
1	-	* ***				
	230.	BURIAL, (REMATION, 23b. REMOVAL (Specify)		CEMETERY OR CREMATORY HEBREW CONG. CEM.	23d, LOCATION (City or Town) BALTIMORE, MD.	(County) (Stote)
	24					CNATURE
	24.		9610 RET	STERSTOWN RD. 25AFR 2	REGISTRAR'S SILVERGISTRAR'S SI	Judge.
U	SY	LVAN LEWIS FUR	REVET HOME GULLTON	9 PAC 0 DAIL		V

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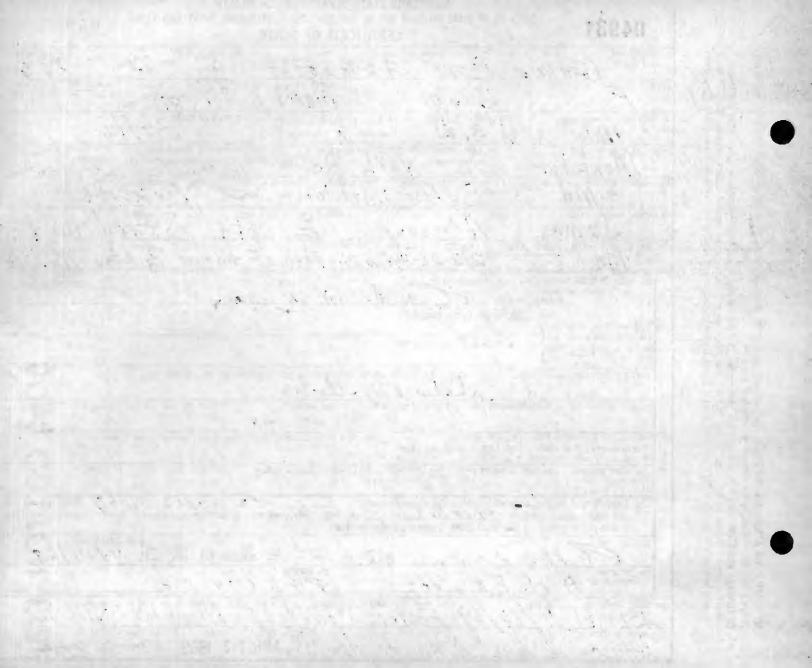


11 /2	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	04930 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04923
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWNS Month	Doy Yeor 2b. HOUR
	(Type or Print) STANLEY LEWIS ANSELL OF ESTI- DEATH MATED 4	16 19692:154
Pog ant	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours I F UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
any delay is 2, and 3 to PM3. Page	The state of the s	6 Yeor 19 69 2:15a
any detay is 1, 2, and 3 to m PM3. Page Department of	76. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH	
form form	COUNTRY) PENNA. USA WIDOWED DIVORCED Baltimore	Md.
Pages 1, vith farm	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY
the give	woodlawn Millord Mill & Liberty Heights / RUCK DRIVER	
MINER: This certificate shauld be executed within 24 haurs after death the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office alang with farm or files. 8 Shauld be used as a Burial-transit permit. File pages 1 and 2 with the State Desmatian, ar remayal, and in any event within 72 hours after death	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. J3b. COUNTY CARROLL New Windsor YES NO Box 1.77 New Windsor	RURAL
Head Softies of I amd 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
F 30 5 5	ELMER ANSELL JANE CR.	AMER
thin 2 modifin miner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	RURAL
l with n pen Exami File p	(Yes, no, or unknown) (If yes give war or deless of service) 179-20-336/ RUTH ANSELL NEW WIND	DSOR MD
ed vin Fi	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shauld be executed to ward "pending" in to the Chief Medical Eburial-transit permit. Fin any event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries	
exerd f Were	DUE TO, OR AS A CONSEQUENCE OF	
d bed "p	Conditions, if ony, which gove is to immediate cause (a), (b)	
warr warr the lial-t	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.	
he he he to t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate shauld be executed within to certificate, writing the ward "pending" in pencil should be farwarded to the Chief Medical Examine files. 3 shauld be used as a burial-transit parmit. File pagnation, ar remayal, and in any event within 72 hou		
vriti vriti var var	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	20. AUTOPSY?
far far	WAS PERFORMED?	YES GOOK NO
fical		
Central conferences.	PRIMARY X OR CONTRIBUTING HOUR A.M. 2:15% 4 16 19 69 Subject driver in truck-fixe 2:16, INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street) 2:16, LOCATION Street or R.E.D. No. (ity or Town)	ed object coll
MIN The 3 3 3 3		County Stote
L EXAM secute the Page 4 for your SR: Page 78.	AT WORK ON AT WORK Street Milford Mill & Liberty Heights	Balto. Md.
bical Examiner: se execute the certification. Page 4 should ned for your files. rECTOR: Page 3 should buriel, cremation,	22a. I certify that I taak charge of the remains described above, held an Autopsy 💢 Inspection 🔲, Inquiry 🔲	, and in my opinion
Se e control de la control de	death resulted fram: Natural causes 📉 Accident 🔀, Suicide 🗌, Hamicide 🔲, Undetermined manner	
TY please y, please praid direct as retains the priar to b	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER CONTRACTOR CONTRAC	
Try blease e eral director be retained RAL DIRECTOR prior to bu	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER XXX	6/69
o DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for yaur 5 FUNERAL DIRECTOR: Page Health priar to burial, crem	EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	
o DEPUT' necessary, the funers 5 may be 0 FUNERA Health p	230 RURIAL CREMATION 230 DATE WILSON MD 230 NAME OF CEMETERY OF CEMETER OF CEMETERY OF CEM	(County) (Stote)
	BURIAL APRIL 19-1969 EVER GREEN GARDENS FINKSBURG	mD
κ.	24. FUNERAL DIRECTOR) 250. REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
VR A15ME (5) 10M REV. 1/48	DD Harteler & Sons New Windsor DATE APR 18 1989 John	was Judge

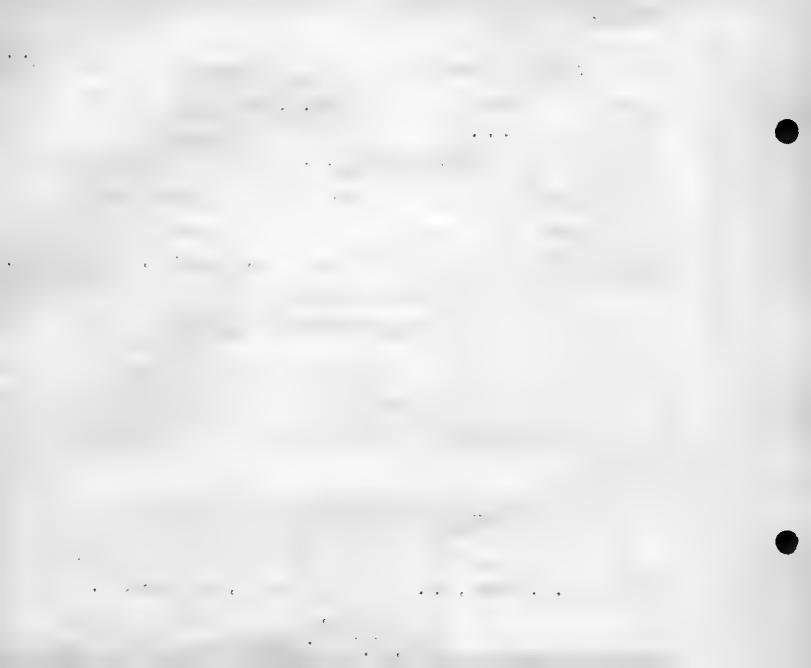
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1.	1	MARYLAND STATE DEPARTMENT OF HEALTH
1/3		04924
11	•	04931 CERTIFICATE OF DEATH
-	2.5	1 DEFEATED MANIE CO. DEATH OF DEATH
100	o do	(Type or print) (Vert 10) - 4-
9	200	C-RACE /Call /TRIMEOSI
s offer		3. SEX 4. RACE S. DATE OF BIRTH March 1, 1889 6. AGE (In years IF UNDER 24 MRS. MIN) WONTHS DAYS HOURS MIN YRS.
ano one	s. Phou	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH)
24 h	illed in popers. sin 72 h	Md. U.S.H WIDOWED DIVORCED - DZ/70. Md.
be executed within 24 hours after death	within	10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in bospito) 12a. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL OR INSTITUTION (If not in bospito) 12a. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)
ned v	mplete e corb	130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) STATE 13b. COUNTY 7 15b. C
- X	10 0 V	14. FATHER'S NAME First Middle / Lost IS. MOTHER'S MAIDEN, NAME First Middle / Lost
	e rer	James Almony Elista Standitord -
ificore	is a premainty prystaur. Ticate has been signed by the attending physician and completely filled in for use as the burial-transit permit. Then please remove corban paper Health prior to burial, cremation, or removal, and in any event, within 72.	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT / (If yes give wor or dotes of service) 2/2-28-346/192 Mrs. The mate. Knowse Park ton 104,211.20
cert	nov	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONEST AND DEATH
=	the attending partitions of the mation, or remo	PART I. DEATH WAS CAUSED BY:
oap	mil o	IMMEDIATE CAUSE (a)
9	io de la	DUE TO, OR AS A CONSEQUENCE OF
-	at ta	Conditions, if any, which gave (b)
	by cren	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
Sa.	signed burial-ti burial, c	last. (c)
15.2	igi ji	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
92	Se o	- disketer malletus
A S	or the	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
9	ds os	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 1210. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2 Items 18.)
= 3	e se	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.)
Na.	40.00	
<u> </u>	1 1 2 1	(If either, natify medical examiner) P.M. 19
OR ATTENDING PHYSICIAN: The law requires that the death certificate	Froge 4 may be retained by the haspital of otherhaling physicians. • FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use os the burial-tron should be filled with the State Dept. of Health prior to burial, cre.	21d. INJURY OCCURRED While Not while at work 21d. INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (City or Town County Stote of work 21d. INJURY OFFICE BUILDING, ETC.)
9 ÷	e de	22a, I certify that (1) (this beceited) attended the deceased from 1950, ta 4/1.3, 1965, that (1) (we) last
Q.	d b	sow the deceased glive an $\frac{41}{6}$ $\frac{10}{6}$ $\frac{10}{6}$ $\frac{10}{6}$ $\frac{10}{6}$ and that in (my) (and appinion death accurred on the date and hour and from the
E	80	causes stated abave, (I) (ww) (did) (did=101) view the bady after death.
A		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
0.9	ed Se	A. M. Prance M. DEGREE PHYS. B MED. STAFF DIRECTOR D PHYS. D 4/14/69
I Z	# # F F F F	22d. PHYSICIAN'S 22e. ADDRESS
O HOSPITAL	roge 4 moy be reformed by the Function of the director, page 3 should be should be filed with the State	NAME (Type) A. H. FRANCE PIARITON, MA
10	out court	23a. BURIAL, CREMATION, 23b. DATE / 23c. NAME OF GEMETERY OR FREMATORY 23d. LOCATION (City or Town) (County), (State)
0 0	5 € €	23a. BURIAL, CREMATION, 23b. DATE / 69 FOSTERS CEMETERY OR FREMATORY 23d. LOCATION (City or Town) (County), (State), REMOVAL (Specifyly) 4/16/69 FOSTERS CEMETERY MORKTON-Balto-Md
	_	ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	30M REV. (4)	Janes & Hartenstein, Hew Freedom, Va. DATAPR 17 1969 yourses Jusque.
	18 68	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04927 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME HEALTH DER First Middle Lost 20 DATE KNOWN Month 2b HOUR Yeor (Type or Print) any deloy is 2, and 3 to PM3. Poge ö DURWOOD ASHWORTH DEATH MATED X 19 the State Department AGE (In years IE UNDER 74 HRS 3 SEX 4 RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 340HDALO 2, a... HOURS M-N 1 - 20 - 1914Doy 8 Year ₹455ygg male white 1969 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TANEVER MARRIED 9. COUNTY OF DEATH 18. Give Pages 1, a country) Virginia U.S.A. Baltimore DIVORCED [7] WIDOWED [7 120 USUAL OCCUPATION (Kind of work done ofter death 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2b. KIND OF BUSINESS OR during most of working life, even if retired) give siget oddres seph's Hospital INDUSTRY Towson Cost Analyst Railroad deoth, 130. USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY DMITS? 13e STREET AND NUMBER 1/13b Kalltimore Govans 405 Croydon Road YES NO X 24 hours tem-1 Office ofter 14 FATHER'S NAME First Middle lost 15 MOTHER'S MAIDEN NAME First Middle Lawrence Wellington Ashworth Maude Ashworth hours .⊑ poges the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medicol Examiner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no or unknown) If was give war or dates of service) 718-16-8275 Mrs. Lillian Ashworth 405 Croydon Rd. 21212 Ele within . be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH permit PART I. DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMIDIATE CAUSE (n) event 1 DUE TO, OR AS A CONSEQUENCE OF Suriol-transit Conditions, if ony, which gove rise to immediate couse (a). in ony certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) О removol, CERTIFICATION 190. DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This YES NO þe 210 EXTERNAL CAUSE WAS 5 21b TIME OF INJURY Month, Day, Year 3 should 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item 18.) HOUR A.M. PRIMARY OR CONTRIBUTING cremotion, EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.E.D. No. City or Town State (ounty foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsyx 1 Inspection [Inquiry and in my opinion funeral director. Suicide [Natural eauses IXI. Accident Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER prior **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/28/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner Spitz, 5 moy TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5-2-1969 Westhampton Memorial Park Buria Richmond Virginia 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) 1969 Wm. Cook-Brooks Towson 1050 York Road 21204 10M REV 1, 68

MARYLAND STATE DEPARTMENT OF HEALTH



* 1 * 1	MARTIAND STATE DEPARTMENT OF HEALTH	
/	04935 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04928	. 7
deoth.	1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH (Type or print) DECEASED A AVAILABLE CONTROL OF DEATH	26 HOUR 9:25Am
s after rs after	MATE 11/3/26 (as birthdoy) YRS MDHIHS DAYS HE	UNDER 24 HRS. DURS MIN
within 24 hours a lely filled in by hoon papers. Peof., within 72 hours	76. CITIZEN OF WHAT COUNTRY? PENNSYLVANIA 10. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 99. COUNTY OF DEATH WIDOWED DIVORCED BALL'I MORE 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12. USUAL OCCUPATION (Kind of work done 12b KIND OF RUS	Md
within within bon p	ORT HOWARD GIVE STEEL HOSPITAL GUING THE STATE OF THE STA	ARD
reexecuted within ond completely fill remove carbon pin any event, within	13a USUAL RESIDENCE (Where deceosed lived, if institut on Residence before odmission) STATE MARYLAND 13b COUNTY BAIT IMORE PALT IMORE Chase	
ote for executed victor of complete lease remove cort and in any event,	TA CATHER C MARKE Cons.	Lost
physician of please oval, and in	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give wor or godes of service) (If yes give wor or godes of service) 218 22 58 70 CLIN.RECORDS, VA HOSP. FT HOWARD, MD.	
equires that the death ce physician. signed by the attending burial-transit permit. The	18 CAUSE OF DEATH (Enter only one couse per me for (a), (b), ond (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove note to immediate couse (b), storing the underlying couse (b). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	MYTERVA. AND DEATH
PHYSICIAN: The law re he hospital or ottending this certificate has been letached for use as the Bept. of Health prior to	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR AM. Month Doy Yeor (If either, notify medical examinate) P M 19 211 INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18) 212 INJURY OCCURRED 216 INJURY ALTHOME, FARM STREET PACKORY.) 215 INCATION. Street of P.E.D. No. (144 of Year) (145 of Year)	
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Heal	While Not while of work of work	Stote C(we) last d fram the
TO HOSPITAL (Page 4 moy b TO FUNERAL D director, page should be file	22d Physician's John D. TALBERT, M. D. 22e ADDRESS VAH FT HOWARD, MARYLAND	State)
VR A15 (4)	JOHN J. ADDUDA FUNERAL HOME REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 PAGE AVENUE, DUNDALK, MAD. 2 1968	& ;

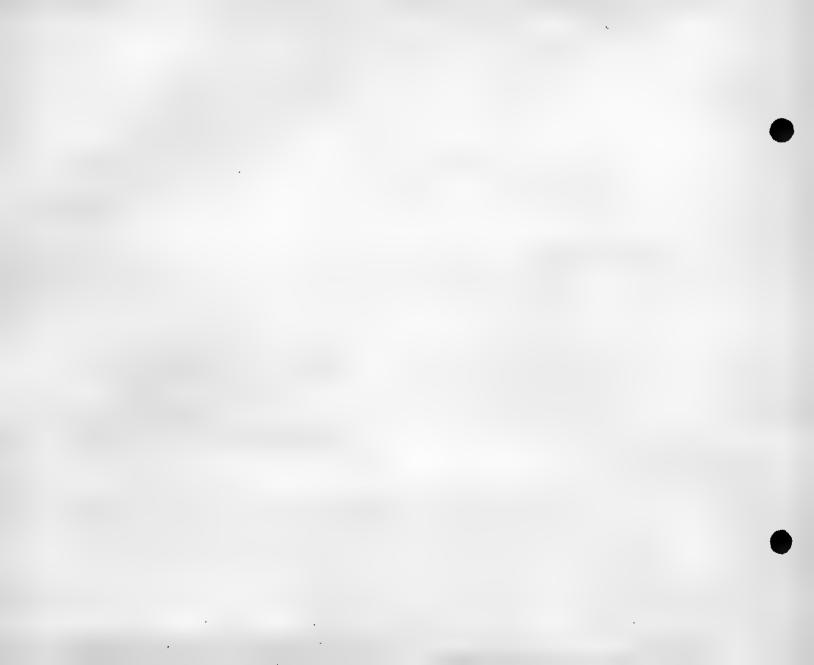
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	- 1	MARTIANU STATE DEPARTMENT OF HEALTH	
		04936 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF-DEATH	04929
ر مرح م		DECEASED NAME First A Middle Lost to 20, DATE OF DEATH	2b. HOUR
deoth nerol dealth		(Type or print) Clea HYERS (AYRES) (Type) 4 Month 26 Day	69 Year M
nin 24 hours after deot filled in by the funerol papers Pages 1 and thin 72 hours affer deaf	3	FEMALE 4. RACE S. DAT OF BIRTH JULY 21, 1885 6 AGE (In years lost birthogy) S. July 21, 1885 (In years lost birthogy) S. J. YRS.	F JHDER I YEAR IF JNDER 24 HRS. MONTHS DAYS HOURS MIN.
Page transfer	70		
in b	(0)	BIRTHPLACE (State or foreign / 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH	
in 24 filled pap hin 7	10	CITY OR TOWN OF DEATH . II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
wit with	100	Catonaville give street oddress) Hussing Home during most of working life, even fretired of	INDUSTRY
recuted within 24 hours after compared filled in by the ful hove corbon papers. Pages 1 by event, within 72 hours affect	100	O USUAL RESIDENCE (Where deceased lived, if institution: Residence pefore 13c CITY OR TOWN 3d INSIDE CITY. M 152 13e STREET AND NUMBER 1 Parts 13b COUNTY Balto 3acto 4131 Ruleig	h Rd
be exemple and exemple remaining	14,	FATHER'S NAME First Middle Curtis IS MOTHER'S MAIDEN NAME First Middle of Middle of Margaret and An	Lost
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the hospital or attending physician. The hospital or otherwise has been signed by the otherwing physician and compretely filled in by the funeral stacked for use as the bur attransit permit. Then please remaye corbon papers Pages I and Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	16:	o WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II) yes any or or dotes of service) (III) Mrs. Margaret O'Meara Baltimore	
n cerring p		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWIFFN ONSET AND DEATH
he death cer ottending p permit. The		IMMEDIATE CAUSE (o) The Country Countr	
of the the of the of		Conditions, it any, which gove) DUE TO, OR AS A CONSEQUENCE-OF (b) Congress the burne for	
thot sn. by H ronsi		rise to immed at a couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF A	
equires that th physician. signed by the bur at-transit p		1051 (1) Cintu nanation accordent help here to les	ni
v required ing philosophe signification in the burner of t	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((6))	
he lov ottend hos be e os t h prior	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
or o			(Rt mat
SICIAI spital priffice ed for	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 10 11 12 13 14 15 15 15 15 15 15 15	ivin re j
	*	While T Nat while T	County State
ING by t fter fter be c		22a. I certify that (I) (this hospital) attended the deceased from 4/25, 1967, to 1/26, 19	69, that (1) (we) tast
OR ATTENDING be retoined by the IIIECTOR: After the 3 should be do and with the State		22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 12 and that in (my) (our) opinion death occurred an the data causes stated abave, (I) (we) (did) (did not) view the bady after death.	te and haur and from the
R AI reto		226 SIGNATURE ATTENDING TO MED STAFF 221 D	DATE SIGNED
N ON Pe		22d. PHYSICIAN'S 22e ADDRESS CO C C Transfer of the state	26/69
TO HOSPITAL Poge 4 moy O FUNERAL I		NAME (Type) E. KASHITIS, M.D. Beth were in 12	1228.
Poge Shou	230	BURIAL (REMATION PEMOVAL (Specify) April 30. 69 Lorraine Park Cem. Burial 236 LOCAT ON (City of Town) Burial 30. 69 Lorraine Park Cem.	(County) (State)
- EUX	24	Burial April 30, 69 Lorraine Park Cem. Baltimore Marylar FUNERAL, DIRECTOR ADDRESS, 250 RECD BY REGISTRAR 250 REG	
45M		FUNERAL, DIRECTOR ADDRESS, Lower By REGISTRAR 250 REGISTRAR 30 1969 Lower By Lower By REGISTRAR 30 1969	so Judge



0/ 1/8		01007			AKIMENI OF HEALI		
1		04937	DIVISION OF VITAL RECORDS,	ERTIFICATE		E, MAKTLAND ZIZUI	04930
death.		ECEASED NAME First Type or print) Orvil	Middle le H.	Aylor		DATE OF DEATH Pril Month 21 Doy	69 Year HIS PM
	3. 5	Male	4 RACE White	5. DATI	6 OF BIRTH 4-20-1882	6. AGE (In years last buthday) 87 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
24 haurs d in Br r	(03)	^{ltty)} Virginia	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEV	DIVORCED Ba	nty of death ltimore Count	Y Má
executed within 24 haurs after campletely filled in by the the emaye carban papers. Agger any event, within 72 haurs after	E	alto. 12	11 NAME OF HOSPITAL OR INS	lursing H	ome duling rest of v	PATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY Etired
executed cample cany event	adm	ssion) STATE Md.	13b county Baltimore	Balto.		13e. STREET AND NUMBER 4 Hillside R	d. 21210
in an	34.	ATHER S NAME First	Middle Last		ER'S MAIDEN NAME First	Middle	Last
and and and and and and	16a.	Robert WAS DECEASED EVER IN US ARM es, nperinknown) 111 yes give w	and a delegation of the contract of the contra	IQ 17 INFORMA	nna Virginia wi urd H. Wood	Address	Rd. 21210
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital at attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or directar, page 3 shauld be detached far use as the burial-transit permit. Then please is shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in		PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and (c) BY:		ulcer		APPROXIMATE INTERVAL BETWEEN ONSET AND ORATH
equires that the death ce physician. signed by the attending burial-transit permit. The burial, crematian, ar remo		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause	(b) DUE TO, OR AS A CONSEQUENCE OF				
equires physicio signed burial-th		last	(c)	OT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creating the state Dept.	CERTIFICATION	19a. DATE OF OPERATION 19b (CONDITION FOR WHICH OPERATION WAS PEI		AUTOPSY? YES NO 🔀	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
ICIAN: 7 pital ar rificate I d far us af Health	MEDICAL CERT	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAJSE OF DEATH (If either, notify medical examin	H HOUR A.M Month Day Year per) P.M 19	21c. HOW INJU	RY OCCURRED (Enter noture	of injury in Part 1 or Part 2, It	em 18)
G PHYS the has this cel detache	IME	21d INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT MOME FARM, STREET, FAC OFFICE BUILDING, ETC.			City of Town	Caunty State
TENDING ined by DR: After auld be the State		22a I certify that (1) (thi saw the deceased al causes stoted above	s haspital) attended the decease ve on HPRIL—I , (I) (we) (did) (did nat) view the l	od from OCTO 9 69, and that bady after death.	BER 교육19 <u>6용</u> In (my) (our) opinion d	to APRIL 19 (leoth occurred on the dot	e ond hour and from the
L OR AT be reta DIRECTO		226 SIGNATURE	& DB/Cino	DEGREE PI	TENDING MED DIRECTOR	STAFF -	ATE S GNED PRIL 22 1969
OSPITAI NERAL ctar, pa	22-	22d PHESICIAN'S NAME (Type) JOSE BURIAL, CREMATION, 23b (EPH D.B. KING	22 EMETERY OR CREMAT	ADDRESS A HAMII	Road-	BALTO. Md.
Page TO Fu dire sha	Re		ril 24.1969 Beal	nms Char	pel Lu	LOCATION (City or Town) Pay	(County) (State)
VR A15 (4) 45M - 1/69			4905 Yor代限 ins & Sons Co.	oad Balto	MC APR 2 2	1969 SEGISTRAR S.S	TONALUKE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04933 04931 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH deoth. 2b. HOUR hours after death puo (Type or print) marie 3. SEX 4 RACE 6. AGE (In years FUNDER YEAR lost birthday) MONTHS filled in by 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED T NEVER MARRIED T 9. COUNTY OF DEATH country) U.S.A. Balto. DIVORCED [WIDOWED [within . event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Balto County dur ng mast of work ng life, even if retired) ottending physicion use corban narmit. Then please remove corban Randallstown 130. JS. AL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 3d INSIDE CITY LIMITS? be executed odmission) STATE 13b. COUNTY Box 190A Liberty Rd. Randalls buriol, crematian, or removol, and in any 14 FATHER'S NAME First Middle IS MOTHER'S MA DEN NAME First Lost Middle Kattie Palmisano Santo Azzarello nmi requires that the deoth certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Balto.County General Hospital none APPROXIMATE NIERVA 18 CAUSE OF DEATH (Enter only one couse per ane for (o), (b), ond (c),
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF HYPER TENSION. Conditions, if ony, which gave signed by the burial-transit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital ar ottending physicion. storing the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health priar to 196. CONDITION FOR WHIRE OPERATION WAS PERFORMED 190, DATE OF OPERATION 20a. AUTOPS 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [10 FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 210 ACCIDENT WAS UNDERLYING 2±6, TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while ot work 22a. I certify that (I) (this haspital) attended the deceased from APRIC 5, 1969, to APRIC 6, 1969, that (I) (we) last saw the deceased alive an APRIC 6 1969, and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE DATE SIGNED anami MED DIRECTOR DEGREE PHYS 22d. PHYSICIAN S NAME (Type) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (ity or Town) (County) REMOVAL (Specify) FUNERA DIRECT Holy Redeemer Cem Baltimore Maryland Loring Byers 8728 Liberty Rd. Randallstown

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04939 04932 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 2a. DATE OF DEATH 2b. HOUR death. (Type or print) Month Y man within 24 haurs after 3. SEX 4. RACE 6. AGE (In years IF UNDER I YEAR IS UNDER 24 HIP last birthauy) MONTHS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED [] NEVER MARR.ED 9 COUNTY OF DEATH country) campletely filled in WIDOWED Z DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) attending physician was carban sermit. Then please remove carban burial, crematian, ar remaval, and in any event, witl 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 436 INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be-executed 13b. COUNTY 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First M'ddle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, ar unknown) If yes give war at dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND GEATH signed by the attendii burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 45.CV.P. 3 Mears Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause los! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO X 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CALSE OF GEATH HOUR A.M Manth Day Year P.M (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State White Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 17 frame, 1967, to 5 and 1, 1960, that (I) (we) last saw the deceased alive an 3 and 1 an causes stated abave (1) (we) (did) (did nat) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DEGREE PHYSICIAN S 22e. ADDRESS NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL, EREMATION (Eounty) (State) REMOVAL (Specify) MOUNT, CEMETERY 0 RK ROAD



. 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	04940 CERTIFICATE OF DEATH	33
	1. DECEASED NAME First Middle Lost 2a DATE OF DEATH (Type or print) George Lotes Baldwin April 25, 1969	25 HQJB 2 110 M
haurs after	3 SEX male 4 RACE white S. DATE OF BIRTH Aug. 15, 1886 6 AGE (In years liftunder I YEAR Aug. 15, 1886) 9 AGE (In years liftunder I YEAR Aug. 15, 1886) 9 AGE (In years liftunder I YEAR Aug. 15, 1886)	
within 72 haurs	70 BIRTHPLACE (Stote or fareign country) 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Canada U.S. WIDOWED K DIVORCED Baltimore	Md
11	Catonsville SPRING GROVE STATE HOSP. during most of working life, even if refined) INDUSTRY	OF BUSINESS OR
in only event, within 72 h	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admiss an) STATE Md. /3b COUNTY Pr. Geol Adelphi YES NO 9250 Edwards Way	
20	200000000000000000000000000000000000000	Last
	16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) 10 yes give war or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Records: SPRING GROVE STATE HOSPITAL	L.
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AST PCONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	DRIMATE INTERVA. ONSET AND DEATH
1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH? 21a. ACC DENT WAS UNDERLYING 12b. TIME OF INNIRY. 22b. HOW INNIRY. (COURSED TABLE OF INNIRY) of Inniry in Part 3 feet 2 feet 2 feet 18 feet 2 feet 18 feet 2 feet 18 feet 2 feet 18 feet 2 feet 2 feet 18 feet 2 feet 2 feet 18 feet 2	CERTIFYING
	G (ONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19	
	While Not while of the sunding Etc. 1996 of the sunding Etc.	State
	22a. I certify that (1) (this haspital) attended the deceased from Feb. 13, 1969, to April 5, 1969, the saw the deceased alive an April 5, 1999, and that in (my) (58r) apinian death accurred an the date and have causes started above, (1) (38) (38) (did nat) view the/pody after death.	r and from the
1	22b. SIGNATURE DEGREE ATTENDING PHYS D RECTOR PHYS 11-5-69 22d. PHYSICIANS 122e. ADDRESS SPRING GROVE STATE 'HOSP	T TAT.
	NAME (Type) Rafael H. Marin, M.D. Baltimore, Maryland 21228	
8	23d BUR AL, CREMAT ON, REMOVE THE LOCATION (City of Town) (County) REMOVE THE LOCATION (City of Town) (County) Codar Hill Com. Suitland, Md.	(State)
	24 FUNERAL DIRECTOR Nalley's Funeral ADDRESS. Rai nier, 250 RECD BY REGISTRAR 256 REG STRAR'S SIGNATURE Maryland DARPR 1 1 1969 Climbles Que	gen .







DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20 DATE KNOWN Year (Tyne or Print) RI CHARD BARANOWSKT DEATH MATEO PApril Page Department 4. RACE 6 AGE (In years IF UNDER 1 YEAR IF DINDER 24 HRS 3. SEX S. DATE OF BIRTH 2c OATE PRONOLINGED DEAD L8 Male White April 15,1921 MARRIED | NEVER MARRIED 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH Baltimore. Maryland IISA WIDOWED DIVORCED F State 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 7746 Eastdale Roa d during most of working life even if retred)
Route Salesman-Ice INDUSTRY Cream Co. Baltimore (Essex) 13d INSIDE CITY LIMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e. STRFFT AND NUMBER 13b. COUNTY Baltimore admission) STATE Baltimore 7746 Eastdale Roa d YES NO R and 2 Office Treafter 14. FATHER 5 NAME First Middle IS MOTHER'S MAIDEN NAME First Joseph Beatrice Baranowski Drozdowski pages hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO **ADDRESS** This certificate should be executed within in pencil (Yes, no_or unknown) 213-14-3859 Mrs. Anna T. Baranowski 7es Same Eile APPROX MATE INTERVA within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= should be forworded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol CERTIFICATION used 190. DATE OF OPERATION 196 CONDITION FOR WHICH OF 20 AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🔲 NO F pe Ы 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month Doy, Year 21c HOW-INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A M DICAL EXAMINER: cremotion. CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry V and in my opinion be refoined death resulted fram: Natural causes Accident Suicide . Homicide | Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED the funeral DEPUTY MEDICAL EXAMINER MoV Hearth ADDRESS(Street city town, or county) BOOKO ENINGTONIO NAME (Type)/ 50 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) 4/28/69. Oaklawn Cemeterv Baltimore, Md. ADDRESS 24 FUNERAL DIRECTOR 2Sb Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15ME (5)

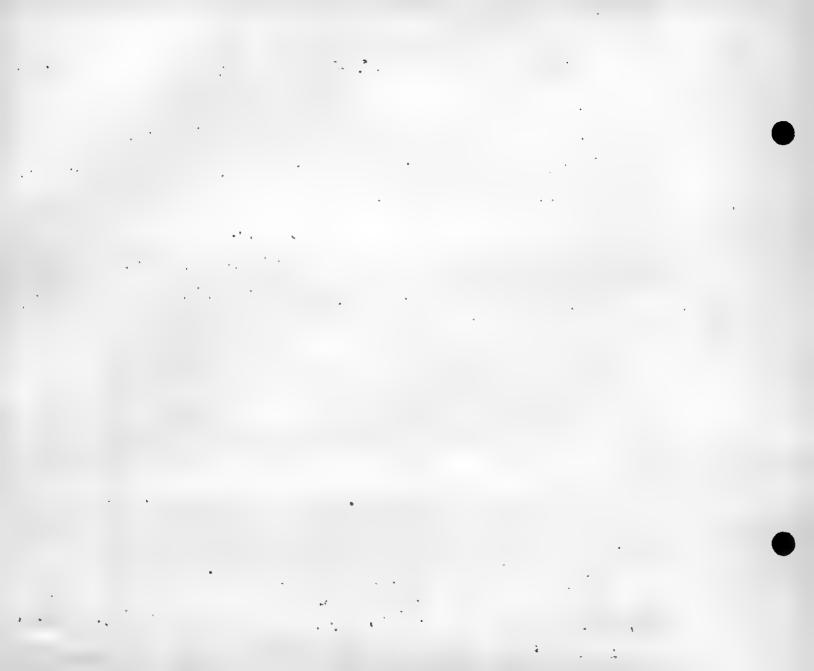
MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPART DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301		RVI AND
#05	04944 CERTIFICATE O	· · · · · · · · · · · · · · · · · · ·	4937
	Baltimore MARYLAND	USUAL RESIDENCE (Where deceased lived, If Institution: Resi a. STATE Maryland b. COUNTY Bal	dence before admission
rbon papers. Pages 1 a within the hours after d	write RURAL and give nearest town)	ITY OR TOWN (If outside corporate limits, write RURAL an Cockeysville	d give nearest town)
in any event, within	A .	Powers Avenue	e. IS RESIDENCE ON A FARM? YES NO
	NAME DF First Middle DECEASED (Type or print) Rebecca O. Barbour	Last 4. DATE Month DF DEATH April 14.	Day Year 19 69
	Female White WIDOWED DIVORCED Feb.		YEAR OF UNDER 24 HRS
	Housewile United Not the North National Control of Notice	Maryland_ US	ZEN OF WHAT NTRY?
	3. FATHER'S NAME 14.	Mother's maiden name	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM Yes, no, or unknown) (If yes give war or dates of service)		
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c): I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Franchiscopie (b) DUE TO	nesiber)	INTERVAL BETWEEN ONSET AND DEATH
2	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19. WAS AUTOPSY PERFORMED? YES NO
		(Enter nature of Injury in Part I or Part II of Item 18.)	
1000	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF I Hour a.m. While not While p.m. 19 at work at work	INJURY (Home, farm, 20f. (City or town) (County office bldg., etc.)	y) (State)
	22a SIGNATURE	h occurred at A. M. from the causes and on the TENDING MED. STAFF YS. MED. STAFF PHYS.	
	22c. PHYSICIAN'S Theodore a. de heyero, NP. 22.	23 Gorald Rd. Lufferville 114.	21093
	3a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) April 17, 1969 Poplar Grove Co	metery (ockeysville, Mar	
3	John Burns' Sons, Towson, Maryland	DATE APR 1 8 1969 JCharl	as Judge

S. C. 121 W. ichtimme. i wille i Juneas Perentie " I fillery Pulsecon P. Prophis February 13, 10% 83 Femile white X. Own Home DILD BILL! C "uribland Men "loseph foton Parganet Nice sadil of Family Records "unia! April 17, 1749 inolar wave femateri Governville, windon!

John Turns Sons, Townson, "ar land





- 1	MARYLAND STATE DEPARTMENT OF HEALTH
	04947 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06493
-	White I I I I I I I I I I I I I I I I I I I
Ľ	DECEASED NAME (Type or print) JOSEPH C. BATCHELOR Opril Month 27 Day 1964 eor 7 A
3	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS IN HOURS AND MIN MONTHS DAYS HOURS MIN YRS.
/ 7o	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH NEVER MARRIED NEVER MARRIED Parties Never Married Never Ma
10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (1 2011) hospital DOLLAR OCCUPATION (Kind of work done Inc. INDUSTRY IN
13	G USUAL RESUDENCE (Where deceased lived if institution Residence before 13, CITY OR TOWN 13d INSIGE CITY UMISS 13a STREET AND MIMRED
ad	Cockeyville Md. 136 COUNTY COCKEY TILLE YES NO 12 3M Bryon St.
14	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost
L	EMMERSON C, BABChehon UNKNOWN.
16	io. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 11 per give wor or dores of service) 16h, SOCIAL SECURITY NO 417 INFORMANT Yes, no, or unknown) 11 per give wor or dores of service) 16h, SOCIAL SECURITY NO 417 INFORMANT Yes prove wor or dores of service) 16h, SOCIAL SECURITY NO 417 INFORMANT Yes prove wor or dores of service) 16h, SOCIAL SECURITY NO 417 INFORMANT Yes prove wor or dores of service) 16h, SOCIAL SECURITY NO 417 INFORMANT Yes prove wor or dores of service) 16h, SOCIAL SECURITY NO 417 INFORMANT Yes prove wor or dores of service) 17h yes give wor or dores of service) 18h, SOCIAL SECURITY NO 417 INFORMANT Yes prove wor or dores of service) 18h, SOCIAL SECURITY NO 417 INFORMANT Yes prove wor or dores of service) 18h, SOCIAL SECURITY NO 417 INFORMANT Yes prove wor or dores of service) 18h, SOCIAL SECURITY NO 417 INFORMANT Yes prove wor or dores of service) 18h, SOCIAL SECURITY NO 417 INFORMANT YES prove wor or dores of service) 18h, SOCIAL SECURITY NO 417 INFORMANT YES prove wor or dores of service)
F	The OWNER AND
L	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATH CAUSE OF DEATH BETWEEN ONSET AND GEATH
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	Canditions, if any, which gave (b). (b).
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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THEFT	YES NO CAUSES OF DEATH?
MEDICAL	Ill either, notify medical examiner) P.M. 19
. 10	While Not while at work at work
	22a certify that (I) (this hospital) attended the deceased from
	causes stated abave, (I) (we) (did) (did net) view the bady ofter death.
	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
	DEGREE PHYS. DIRECTOR PHYS. CIPPULALY, 196
	22d. PHYSICIANS NAME (Type) WILLIAM P.BENSON, JR. 3502 NCALVERT BALT, MD.
23	Id. GERIAD CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
24	4 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRARS SIGNATURE
	Wm. J. Tickner &Sons Balto., Md.
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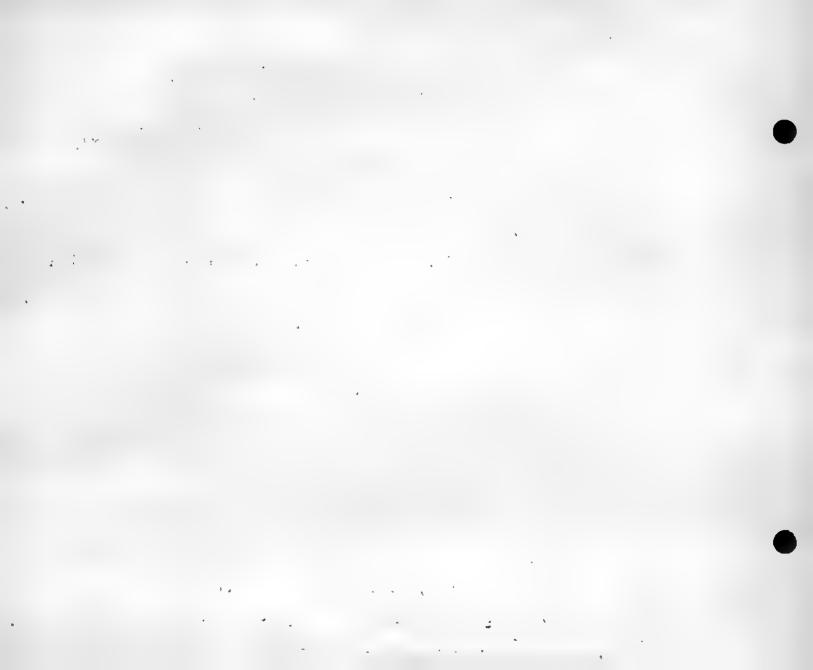
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physician physician pen please and i	160	was deceased ever in us are es, no, or unknown) (1) yes green	MED FORCE war or dates of ONE	ES? 16b	SOCIAL SECURITY N		MFORMANT Mily	records		Add	dress		
Page 4 may be refained by the hospital ar attending phys cian. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial transit permit. Then please remave carban pagers at ages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMED OF Canditions, if any, which gave tise to immediate couse (a), stating the underlying cause wast PART 2 OTHER SIGNIFICANT CO	ED BY IATE CAUSE DUE	(a) (b) (c) (c)	CONSEQUENCE OF			AL DISEASE ORCO				APPROXIMAT BETWEEN ONSE	T AND DEATH
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ICIAN: pital ar rriflicate d far u of Heal	MED.CAL CE	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	ти Но	DUR A.M. Mo P.M.	RY onth Day Year 19	21c. HO	W INJURY OC	CURRED (Enter r	noture of inju	ry in Part 1 or	Port 2, Ite	m 1B.)	
DING PHYSIC by the hospit frer this certi be detached State Dept. of	W	While Not while at work	. PLACE OF		DME, FARM, STREET FACTO E BUILDING, ETC.				·	ar Town		County	State
Selection of the terminal disease or condition given in part 1(a) 190. Date of Operation 196. Condition for which operation was performed 206. Autopsy? 206. If Yes, were endings considered and the property of the performed 206. Autopsy? 206. If Yes, were endings considered and the property of the performed 206. Autopsy? 206. If Yes, were endings considered and the performed 206. Autopsy? 206. If Yes, were endings considered and the performed 206. Autopsy? 206. If Yes, were endings considered and the performed 206. Autopsy? 206. If Yes, were endings considered and the performed 206. Autopsy? 206. If Yes, were endings considered and the performed 206. Autopsy? 206. If Yes, were endings considered and the performed 206. Autopsy? 206. If Yes, were endings considered and the performed 206. Autopsy? 206. If Yes, were endings considered and the performed 206. Autopsy? 206. If Yes, were endings considered and the performed 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. If Yes, were endings considered and 206. Autopsy? 206. Autopsy? 206. If Yes, were endings conside											9 , that (I and hour on) (we) last id fram the	
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	1	MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•		04951 CERTIFICATE OF DEATH .04943
4 64		ECEASED NAME First Middle Lost 20 DATE OF DEATH 2b HOUR
leath.	((Ype or print) NOLA MARIE RENNETTED Month Day Year & 300M
1 Eg 5	3. S	
9 3 5 5	L	Female White 5-7-06 jost birthdoy) WONTHS DAYS HOURS MAN.
24 hours of the set in by the pages Pages 172 hours of		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED VEVER MARRIED 9. COUNTY OF DEATH
d in pers	105	W. VA U. J. WIDOWED DIVORCED Baltimore County, Md
音楽	10. (11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street oddress) M + WILSON STATISTING most of working life, even 'f retired.) 13 al survey 14 0 5 0 - HOUSE W. F.F.
d w	13o.	USUAL RESIDENCE (Where deceased lived it institution Residence before 13c CITY OR TOWN 13d HISIDE CITY SIMILES? 13e STREET AND NEIMBER
erexecuted with and completely remove carbar in any event, wi	odm	ission) STATE, MD 13b COUNTY CU H DERLAND - YES NO RY I. BOX 120 CASH VELLAY
ne death certificate be execut attending physician and com permit. Then please remove ian, ar remaval, and in any ev	14,	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	L	LEE HARPER BENNETT NEVA DOVE, BENNETT.
sicio and a		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Address (es. no. or unknown) (If yes give wor or dates of service)
e faw requires that the death certificate tending physician. Is been signed by the attending physicial as the burial-transit permit. Then pleas priar to burial, cremation, ar remayal, and		(es, no. or unknown) (If yes give war or dores of service) 2/3-48-9567 Records, Mt. Wilson State Hospital
em em		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1, DEATH WAS CAUSED BY
eath endi mit. ar r		IMMEDIATE CAUSE (0) ACUT COR PULMONALE (RESPIRATORY ACIDOSIS)
ath perr		T/ LX DUE TO, OR AS A CONSEQUENCE OF
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The law requires that that that attending physician. has been signed by the se as the burial-transit the priar ta burial, cremat		lost. (c)
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s be as print as brid	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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cate or c		216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
a in	MEDICAL	(if either notify medical examiner) P.M. 19
D HEXEVAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or atte o FUNERAL DIRECTOR: After this certificate has director, page 3 shauld be detached for use a shauld be filed with the State Dept. of Health pr	₹	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote
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OR: agle		causes stoted obove, (I) (we) (did) (did not) view the body after death.
OR ATTENE be retained DIRECTOR: A el 3 shauld ed with the		22b. SIGNATURE 22c DATE SIGNED 22c DATE SIGNED 22c DATE SIGNED
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D HOS PIAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		WITH Tam Newcomer, M. D. Mount Wilson, Maryland
Shauer Shauer	230	BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
-N5 5 5 0 M	-	REMOVAL (Specify) 4/11/1969 Restlawn Memorial Gardens Near Cumberland Alleg Md.
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR 250, REGISTRAR SCIGNATURE John J. Heler Jr. 230, Religione Ave Cumber 1979 1 1989
30M KEV 1/68	1	(John J. Hafer, Jr.) 230 Raltimore Ave Cumber 1864



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04944 04952 CERTIFICATE OF DEATH DECEASED-NAME M, ddle Last 2a. DATE OF DEATH 2b. HOUR JOSEPHINE signed by the ottending physicion and completely filled in by the funeral buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 buriof, cremotion, or removal, and in any event, within 72 haurs after death. otening executed within 24 haurs after deoth (Type or print) BERGER APRIL 6. AGE (In years last birthday) 3 SEX 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. HOLRS White Female May 13,1907 7o. BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED | NEVER MARRIED Maryland U.S.A. Baltimore WIDOWED TX DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR dungs most of working life, even if retired.)
HOUSOWIIE Nursing Home Catonsville 13c. CITY OR TOWN 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY LIMETS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY 2403 Alma Rd. Landsdowne 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Andrew Valenzia Theresa Battaglia 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) (II yes give wat or dates of service) 213-01-7786 5720 Fenwick Ave Mr John A Berger IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certiff APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a)) (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while to wark 22a. I certify that (I) (this haspital) stended the deceased from and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATUR **ATTENDING** STAFF PHYS PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) REE Wilkins Ave. .Balto 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o. BUR AL, CREMATION (County) REMOVAL (Specify) Lorraine Park Baltimore Maryland ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b 28 Balto. Md. LeonardJ. Ruck Inc. 21214 30M REV



1	04953	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI		
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€ −2€	1. DECEASED-NAME	First Middle	Lost	2a. DATE OF DEATH	2b. HOUR
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offer (free free free free free free free	3 SEX	4 RACE	S DATE OF BIRTH	6 AGE (n years	IF UNDER 1 YEAR IF JINDER 24 HRS
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hin 24 ho filled in papers. thin 72 h	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		UA. OCCUPAT ON (Kind of work done	Md NIND OF DUCINESS OD
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and	14 FATHER'S NAME First	Widgle for	15. MOTHER'S MAIDEN NAME		Lost
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ING PI by the fter this be deto State De	While Nat while at work at wark				
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ATTENDING etained by th CTOR: After t shauld be d	sow the deceos	this hospital) attended the decease ed alive on 19 hove, (i) (iwe) (did) (did not) view the b	ond that in (my) (our) of	finion death accurred on the c	lote ond hour ond from the
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O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	NAME (Type) Dr.	Meyer Jacobson6821 R	eisterstown Rd. B	alto. Md. 21215	
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To Alba C	24 FUNERAL DIRECTOR	& BROS.,6010 REISTERS	TOUN POAD 250APR	BORESTRIOSO 256 REGISTAN	SISBHAT RECEIPE
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7	-1	04955		CERTIFICATE OF DE			04947
e Ve		PECEASED NAME First	LB/69 km Middle	Last		DATE OF DEATH	2b HOUR
offer death.		Type or print) ANNA		BIJAN	20. 1	Month Day	Year
	3 5		4. RACE	S DATE OF BIRTH		6 AGE (in years	69 8:559 IF UNDER 1 YEAR 16 JINDER 24 HRS
Page		F	CAU	9-26-		lost birthday) 75 YRS.	MONTHS DAYS HOURS MUN
- 5 A o	7a	BIRTHPLACE (State or foreign 7b	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	1 1 1 1	NTY OF DEATH	
24 hours of the papers. Program 72 hours		UKRANE	115A1	WIDOWED DIVORCED		BA	LTIMORE Md
	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in hospital	12a USUAL OCCU	PATION (Kind of work done	12b KIND OF BUSINESS OR
fee / see /		BALTIMORE	GB (GB	MC	during mast at w	rarking life, even it setired.)	INDUSTRY
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be no or		John	Boheno	05 K	a Ther	124	31772
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ING by t ffer be o	ı	22a. I certify that 🗱 (this h	aspital) attended the deceas	ed from 4/3	_, 19 <u>69</u> ,	to 4/10 19	69, that (K (we) last
R: A		22a. I certify that (\$\$ (this has a saw the deceased alive causes stated above. (\$\$	an 4/10 (we) (did) (dM d&t) view the	9_69 and that in (ANy) (a	aur) apınıan d	eath accurred an the dat	te and hour and fram the
ATT ATT Short shor		22b. SIGNATURE	(we) (aid) (ass asi) view life	oddy difer death.			PATE SIGNED
OR be re 3 ed w		lembri	Slon - Kropp	DEGREE PHYS	MED DIRECTOR	STAFF 4	-10-69
oy k		22d. PHYSICIAN'S		22e ADDRESS			
VER/		NAME (Type) DR. MA	ALCOLM C. SHEP	PARD 6	701 N.	CHARLES ST	BALTO MD.
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page should be file	23a	BURIAL, CREMATION, 23b DATE		CEMETERY OR CREMATORY		LOCATION (City or Town)	(Caunty) (State)
5 5 5 b s	7.4	BUTIA 4	14/47 Hery C	Cross ComeTa		une Aturdal	17d,
VR A(5 (4) 45M - (1)(69)	14	HUNERAL UIRECTOR, STEVE	ens 1501 E. F.	ET AVENUE 250.	RECD BY REGIST		



1/		04956		301 W. PRESTON STREET, BALTII	
/ - · · · · · · · · · · · · · · · · · · 				ERTIFICATE OF DEATH	04948
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	3 5	ma le	4 RACE white	S DATE OF BIRTH Aug. 5, 191	6 AGE (In yeors IF UNDER I YEAR IF UNDER 24 HRS. lost builthdoy) MONTHS DAYS HOURS MIN
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	1	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS give street address PHI OF BROV		occupation (Kind of work done to working life, even if retired) aborer
cuted v	13o odn	LSUAL RESIDENCE (Where deceose issuen) STATE Md.	sed lived, if institution Residence before 13b COUNTY Balto.	13c CITY OR TOWN 13d INSIDE CITY LIM Sparrows Ptyss No	130 STREET AND NUMBER
The day	14	FATHERS NAME First Richard J. BJ	Middle Lost	IS MOTHER'S MAIDEN NAME FOR	st Middle Losi
physician be plays		WAS DECEASED EVER IN U.S. ARM (es, no, or unknown)	MED FORCES? war or dates of service) 16b SOCIAL SECURITY N	17 INFORMANT Records: SPRING	GROVE STATE HOSPITAL
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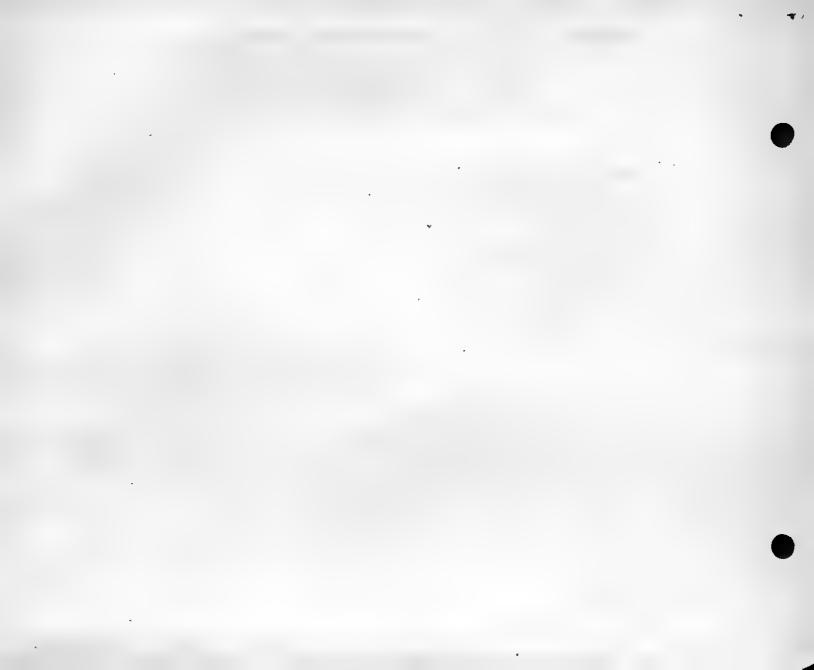


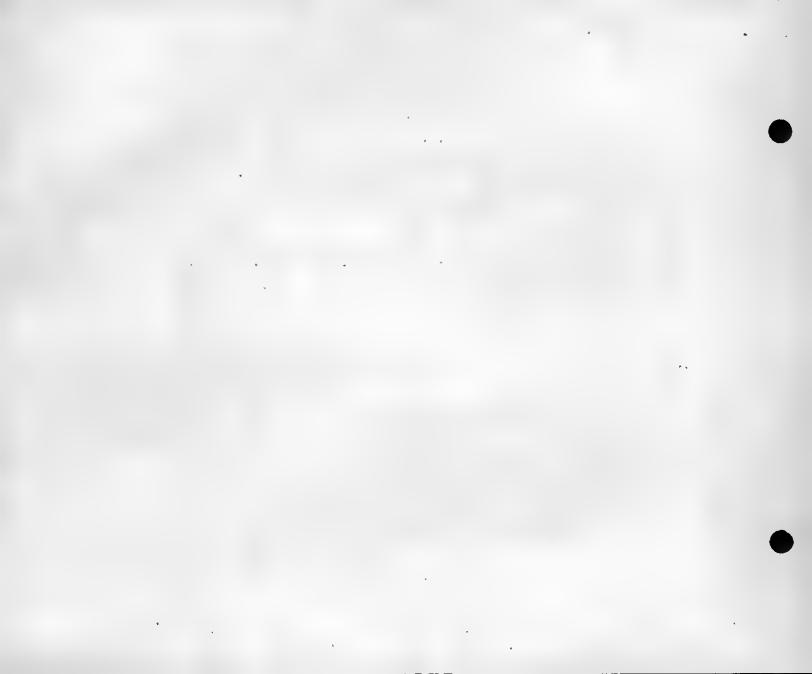


	1		DIVISION OF A		TE DEPARTMENT OF F		049		
3		04958	DIVISION OI	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH					
₹ -2 ₹		ECEASED NAME Type or print)	First	Middle	Lost	2a. DATE OF DEATH		2b. HOUR	
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in any	14.	FATHER'S NAME First	M ddle	Lost	IS MOTHER'S MAIDEN NAME F	ırst Middl	₽	Last	
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with the		22b. SIGNATURE	pove, Ut (we) (did) (d	liding the body of	er death		DO DATE CONT		
×		A.G. SONATOR	Il al	£	EGREE PHYS M	ED STAFE -	22c DATE SIGNED	2000	
116		22d PHYSICIAN'S	r.g.an		EGREE PHYS. L DI	RECTOR PHYS W	pril 28.	1969	
should be filed v		-1.4 ball (m. 5	Villafania,	M.D.		Road Towson	Monard 3	Warrant.	
OU C	23 o.	BURIAL, CREMATION,	23b. DATE	23c NAME OF CEMETERY		23d LOCATION (City or Town)	(County)	#2127/ (Stote)	
£ ~ }		BMATT Sect.)	5/1/69	New Cathe		Baltimore,		(21012)	
AIS WID	24	FUNERAL DIRECTOR		2239010A	250 REC D BY	Y REGISTRAR 25b. REGISTR	AR 5 SIGNATURE		
VR A15 (4) < 45M - 1/69	a S	2221 D	Funeral Ho	me, inc.	DAMAY	1 1969 1204	conley yearly	er.	



1	It	tems 23a thru 24 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	fi	1 mG/12 5/16/69 jcp MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04951
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Migrae or Print) 20 DATE KNOWN Migrae of Print)	onth Doy Yeor 2b HOUR
ment of	3 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEA 1	4-2 1969 PM
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death The Pages with far	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital of USUAL OCCUPATION (Kind of work did uring most of working it to every letter).	
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EET, Buthin 24 thin 24 niner's niner's pages		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, OD-OFF INFORMANT (15 yes give wor or dotes of service) WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES?	on Rol.
ESTON STR recuted wil ding" in pe edical Exar rermit. File within 72		8 CAUSE OF DEATH (Enter on y one couse per line for (g), (b), and (c)) PART I. DEATH WAS CAUSED BY.	APPROXIMATE MTERVAL BETWEEN DISET AND DEATH
₩ % ≥ ₹ □ ←		IMMEDIATE CAUSE (OR CLUBER CONSEQUENCE OF Conditions, if ony, which gove)	
ould to word the Characterial		rise to immediate couse (a), storing the underly ng couse lost. DUE TO, OR AS A COMPEQUENCE OF STANDARD PROPERTY	
S 7 and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
4 4 1 5 6	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED?	20 AUTOPSY? YES NOSE
F S S S S S S S S S S S S S S S S S S S	MEDICAL CERT	210. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH ADUR A.M. JAMES OF DEATH ADUR A.M. JAMES OF DEATH AND WORLD AND W	
TSION The the 4 shift fill fill fill fill fill fill fill f	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, WHILE AT WORK AT	County Stote
111 7 2 2		220. 1 certify that I taak charge of the remains described above, held an Autopsy, Inspection 🔀 Inquir	
MEDICAL EXA pleose execute l'director Poge retained (36 yo . DIRECTOR: Pagar to burial, critation ou to burial, critation of the crit		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined moi	
	1	SIGNATURE AND ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED 4-2-69
TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health prin	230	DEMOVAL (Specify)	(County) (Stote)
		Burial (4/4/09 (Unizuk Amuno(Artington) Battimore, Md. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 250 REGIST	RARS SIGNATURE
VR A15ME (5)	3	ol Levinson & Bros., 6010 Reisterstown Road DATE MAY 1 6 1969	warles judge





1	1				ND STATE DEP					
		07.061	DIVISION (OF VITAL RECORDS				YLAND 21201	049)53
4	ᆫ	04961			CERTIFICATE					
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8 6 8		201.	-	Jane	Brandenbu		Apr		1969	M
te de la	3. SI		4 RACE			TE OF BIRTH		6 AGE (In years last birthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MAN.
rs a th Pog rrs o	L	Female		hite		ab. 20, 18		last pirthdoy) 76 YRS.		
bed a solution bed	7o.	BIRTHPLACE (State or foreign ntry)		WHAT COUNTRY?	8. MARRIED NE		9, COUNTY OF			
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	1	CITY OR TOWN OF DEATH		NAME OF HOSPITAL OR II	*	aspital 120 US	most of work ng l	(Kind of work done ife, even if retired.) Cher	12b. KIND OF B	JUSINESS OR
wit rboot t, w		atonsville USUAL RESIDENCE (Where dece	and Dural 16 inst		Verbrook 1				Balto.	City
nple ca ven	odm	ission) STATE Md.	ased lived, it inst	Balto.		1450	1001 011	Overbrook	r Rd.	
CO CO	14	FATHER'S NAME First	Middle		Catonavi.	HER'S MAIDEN NAME		Middle	1 100.0	Lost
ATENDING PHYSICIAN: The law requires that the death certificate Derexecuted within 24 haurs after death stained by the hospital or ottending physician. CTOR: After this certificate has been signed by the ottending physician and completely filled in by the Exertal should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and ith the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death	14.	Stephen	A.	Brandenbu			garet	Mildure	Crst	LOSI
indian le	160	. WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY	1,0			Address		
fico syssic of, o		res, na, or unknown) (Il yes giv	war or dates of service)			Ethel Br	mille, Md	Address g 47 Overb	mook Rd.	
certi p ph hen nov	F	18. CAUSE OF DEATH (Enter	miv one mute ne				CHANCALONE	8 71 OVEL 0	APPROXIM	MATE INTERVAL NSET AND DEATH
t ij i		PART I. DEATH WAS CAUS	ED BY	CAN	MANUAL	Mes				NSET AND DEATH
dec armi n, ol		152 a IMMEI	L (a) TALE CAUSE (a)	OR AS A CONSEQUENCE O					1	500
the or the ortion		Canditions, if any, which gave		Rosellow	(A	und 5-	ucaina	andru	54	nin
hot n. y th onsi		rise to immediate cause (a) stating the underlying cause		OR AS A CONSEQUENCE OF		//	J-unio	- mark		No.
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by After Start		22a. I certify that (I) (I saw the deceased	his haspital) o	attended the decea	sed from	, 19	22, to 4	curred on the d	67, that	(I) (we) last
ned ned NR: /		causes stated abo	re, (I) (we) (di	id) (did nat) view the	body after deoth	, in (my) (abi) a	billion acarli A	Actoried un me u	are and nour c	mu mam me
A A A A A A A A A A A A A A A A A A A		22b. SIGNATURE	*	061.			HED	STAFF 220	DATE SIGNED	
OR be r		Dame	ay 1	Magi	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS	+//57	69
Pog Pog Pog		22d. PHYSICIAN'S NAME (Type)		DNI.	010-1	22e ADDRESS	Trolic.	1 / . /	no /	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Desexdented within 24 haurs after. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be tiled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after.			1171	Inha	410.	Suga	(NEAR W)	un 4	We-	
HO Bge Fig.	230	PEMOVAL (Specify)	DATE		CEMETERY OR CREMI	ATORY		N (City or Town)	(County)	(State)
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VR A15 (4)	24	FUNERAL DIRECTOR Bal	to Md	71774		DATE PR	BY REGISTRAR			
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04962 CERTIFICATE OF DEATH 04952 DECEASED-NAME 2a. DATE OF DEATH 26. HOUR requires that the death certificate be executed within 24 haurs after death. Apri Manth (Type or print) Hulius Brandt Sr 4 RACE S. DATE OF BIRTH 3. SEX HE JINDER 1 YEAR IF UNDER 24 HRS. 6 AGE (In years lost birthday) DAYS May 18,1890 Whi te Male signed by the attending physician and completely filled in by t burial-transit permit. Then please remave and papers. Par burial, crematian, ar remaval, and in day event, within 72 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED 🔼 NEVER MARRIED (country) Maryland U.S.A. Baltimore WIDOWED | DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Forest H during most of working life, even if refixed)
Contractor, Retired **INDUSTRY** "Haven Nursing Home Catonsville 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE Mary Land 1727 Carswell St Bal timore 14 FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Last B ? Elizabeth Brand t Ernest 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 212-26-5265 Julius Brandt Jr 10110 Greentop Rd 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Antena Selsungia IMMEDIATE CAUSE (a) ... DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar tall CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) ar contributing cause of Geath (If either, notify medical examiner) HOUR A.M. Manth Day Year (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Nat while at work 22a | certify that (1) (this haspital) attended the deceased fram. 4/1, 1946, ta saw the deceased alive on 1965, and that in (my) (our) apinian death occurred an the date and havr and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) John H Shaw M.D 5800 Edmonson Ave Baltimore Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) (Stote) Burial (Specify) 4/15/69 Baltimore, Maryland Parkwood 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Leonard J Ruck Inc. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



	_						DEPARTMENT OF				
* .	• 1	1	04963	DIVISION	OF VITAL RECORDS		RESTON STREET, BALL	IIMORE, MARY	LAND 21201	0405	+ Ora
		<u> </u>			547171	CERTIFIC	ATE OF DEATH			0495	
eath	and 2 death		ype or print) Reubin		Middle	R-	lost raudes	2a. DATE OF DI		69 Year	26 HOUR
i d	funerol g and er death	3 5	Х	4. RACE			C DATE OF BIRTH	6	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
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AT	short with		22b. SIGNATURE	7	0 00		ATTENDING ()	MED -	TAFF 722 C	ATE SIGNED	
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HO.	Figure 1	23a	BUR AL CREMATION, 23b. C			CEMETERY OR		23d. LOCATION		(County)	(Stote)
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1		01001	DIVISION OF VITAL R		W. PRESTON STRE			201
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sickel pleos	160	WAS DECEASED EVER IN U.S. ARA es, runknown) (If yes give w		L SECURITY NO 44-7111	17 INFORMANT	17	Add	
rertif	-				THES HET	en vnoei	Rt.5 Box 3	APPROX MATE INTERVAL
ding true		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSEI IMMEDIA	BY.	(b), ond (c)) [nal_Pna	ນາກາດປ່າເວ			BETWEEN ONSET AND DEATH
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The for attend has be se as 1 th prior	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERAT	ION WAS PERFORME	20c AUTOPS	NO 🔀	20b IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN CERTIFYING
CIAN: outol or nificate of for u	MEDICAL CER	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOUR A.M. Month	Doy Year	TO HOW INJURY OCCUR	RRED (Enter notu	re of injury in Port 1 or f	Port 2, Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-troishould be filed with the State Dept. of Health prior to burial, creating the should be filed with the State Dept. of Health prior to burial, creating the state of	ME		PLACE OF INJURY (AT HOME FA		RIF LOCATION Street o	or R.F.D. No.	City or Town	County Stole
IING by t fiter be d stote		22a. I certify that (!) (th	is hospital) attended th	e deceased fro	mFeb.27	, 1969	to April O	_, 19 <u>69</u> , that (I) (we) los he dote and haur and from the
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A de Se de la		22b SIGNATURE			ATTENDING	M£D	STAFF	22c DATE SIGNED
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TO HOSPITAL of Poge 4 may b To FUNERAL D director, poge should be file		22d PHYS CIANS NAME (Type) Marti	n d. Strobe	1, M.D.	225 ADDRE	lanover	Rd.Reist	erstown 11d
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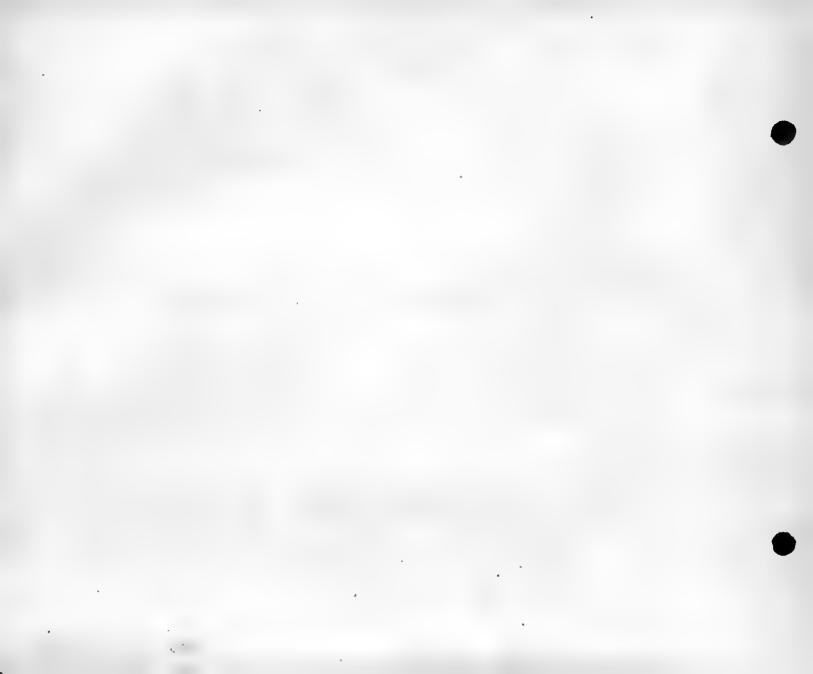
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ertificate be physician c ien please aval, and ii		es, no, or unknown) (11 ves give wa Yes WATT	er or dates of service) 213-	-01-6354	Mrs. Helen		(Same)	PVA
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OR ATTENDING be retained by the Strer 's shauld be ded with the State		22a. I certify that (I) (this saw the deceased all causes stated abave	s haspital) attended to tive an <u>haked</u> Sc .(1) (we) (did) (did nat	ne deceased fram. 19 <u>69</u> View the bady aft	and that in (my) (aur) aper death.	inian death accurred an the	19 <u>69</u> , that (I) <u>(v</u> e date and haur and fr	ve) last am the
TTAL OR ATTEND may be retained RAL DIRECTOR: A r page 3 should be filed with the		22b. SIGNATURE	U10 hanky		EGREE PHYS.	MED. STAFF DIRECTOR PHYS	22c. DATE SIGNED	
ITAL may tal C		22d. PHYSICIAN'S NAME (Type) SAMUA	EL OMAL	sky	22e. ADDRESS 2 3 /		vo.	
TO HOSP Page 4 t TO FUNEF director, shauld I	B		/4/1969		e National	23d 10CATION (City or Town) Bal timore	Md.	,
VR A15 14 30M REV 1/68	H	FUNERAL DIRECTOR ins &	Sons Co. Balto	1905"York	Rd. 250 RECOL	y registrar 1969 ^{25b} Registr	AR'S SIGNATURE	



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	bing PHYSICIAN: The low re by the haspital or ottending After this certificate hos been be detached for use as the State Dept. of Health prior ta		₹I	21o ACCIDENT WAS UNDERN □ DR CONTROUTING □ CAUSE OF If either, notify medical exc	DEATH	21b. TIME OF HOUR A.M. P.M.	INJURY Month Doy Yeor		W INJURY OCCL	URRED (Enter	noture of i	injury in Port 1 or Po	ort 2, ft	em 18.)	
	by the haspital by the haspital fler this certificate be detached for state Dept. of H			t work of work			AT HOME FARM, STREET, FAC OFF CE BUILDING, ETC		CATION Street			Lity or Town		County	Stote
	TO HOSPITAL OTENDING PHYSICIAN: Poge 4 moy be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt			22a. I certify that () saw the deceased causes stated ob	(this h ariv ove, (aspital) atte an Apri (we)(did)(ended the decease 1 19 1 (diaxat) view the	ed from _A 9_69, and body after d	p ril 5 , That in (Ma) leath.	, 1969 () (our) opir), ta_ nion deot	April 19 h occurred on th	, 19 <u>.</u> (he date	59_, that e and hour o	(t) (we) last and from the
	D HOSPITAL OTENI Poge 4 moy be retained D FUNERAL DIRECTOR: A director, page 3 should should be filed with the			22b SIGNATURE	_	Jour Low	0	Le Digr			ED RECTOR C	STAFF RHYS		ATE SIGNED RIL 19,	1969
	Poge 4 moy O FUNERAL director, pog	/		22d. PHYSICIAN'S NAME (Type) Re	ynal	Ldo Orj	uela-Gomez			York	Road	, Towson	4, I	Md.	
	Poge O FUN direct	_ [230.	BURIAL, CREMATION, 23 REMOVAL (Specify)	3b. DATE	11969	23c. NAME OF WAUGH					ATION (City or Town)		(County)	(Stote)
	VR A15 45M - 1 X	刘	24 F	televiek C.	S.	feis	ADDRESS CAMBRI	DGE, M		DATE AP	R 2 5	125h REGIS	Che	GNA IRE	ege.



1 1		04963	DIVISION OF VI			:PARIMENT OF STON STREET, BAL		RYLAND 21201		
	I	teml3 FilmG41	2 5/1/69 kk			TE OF DEATH		21201	049	6.0
		voe or print)	ırst	Middle	-	Last	2o. DATE OF	DEATH Month D	ov Year	2b HOUR
	3. SE	Mar	y Cat	therine		ccheri		4 23	oy Yeer 9	5:15P
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	COUL		U.S.A		WIDOWED [NEVER MARRIED []	9. COUNTY OF Baltim			64.1
0	10 (ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INST	THUTION (If not in	hospital 12a US	UAL OCCUPATION	(Kind of wark done life, even if retired)		Md. BUSINESS OR
5	10	Baltimore	St.	Joseph's	Hospita	al somi			INDUSTRI	
e d	admi	USUAL RES DENCE (Where design) STATE	TEN COLINEY	Res dence before	Lutherv Baltine	ille yes		REET AND NUMBER (O/ York/RO	06 Ardoon	Rd.
	14 6	ATHER'S NAME First	Middle er Laurino	rast		OTHER'S MAIDEN NAME Josephir	First	Muddle	<i> </i>	Last
	140	WAS DECEASED EVER IN U.S.		b. SOCIAL SECURITY N	0 17 INFO		ie barde			
	Y		IVB WAR OF dates of service)	?		seph S. Buc	ccheri	Address		
		1B. CAUSE OF DEATH (Enter	anty are cause per line f	ar (a), (b), and (c))					APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
		PART I. DEATH WAS CAI	JSED BY- EDIATE CAUSE (a)	arcinomat	esis. p	rimary in	breast			
		174 X	DUE TO, OR AS A	CONSEQUENCE OF	, .					
		Canditions, if any, which ga use to immediate cause (i). (b)							
		stating the underlying caulost.	DUE TO, OR AS A	CONSEQUENCE OF						
		PART 2 OTHER SIGNIFICANT		G TO DEATH BUT NO	T RELATED TO TH	E TERMINAL DISEASE OF	CONDITION GIVE	I IN PART I(o)		
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	CERTIFICATION	TYO. DATE OF OPERATION	% CONDITION FOR WHICH	UPEKAHUN WAS PEK	FURMED	20a. AUTOPSY? YES ☐ NO ☐	CALICES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CEI	RTIFYING
ļ		21a. ACCIDENT WAS UNDER.	YING 215. TIME OF IN	JURY	21c HOW	INJURY OCCURRED (Ent		v in Part 1 or Part 2	Item 181	
	₹.	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. /	Nonth Day Year		The second second		y 11 1 WIT 7 QE 1 WIT 2	, 11911 D J	
			Te. PLACE OF INJURY (AT OFF		ORY.) 21f LOCAT	ION Street or R.F.D. N	lo City	ar Town	County	State
		22a. I certify that	(this_baspital) attend	ed the decease	d from An	ril 21 .19	69, to Ar	ril 23 1	9 69 that	(I) (we) last
		22a. I certify that saw the deceased causes stated abo	alive on Apri	1 23 19	69, and th	iat in (my) (aur) aj	pinian death c	ccurred an the c	iate and hour o	ind fram the
		22b SIGNATURE (ye, (1) [we) (d.d) (d.	a not) view the b	ady offer dea	TR.			DATE SIGNED	
		ZZV SIGNATORE (Vinde	U.P	- DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF D	C DATE SHOULD	
		22d. PHYSICIAN'S	2 6/1			22e. ADDRESS				
			R. Orjuela					owson 4,		
	23a	BURIAL, CREMATION, 23 REMOV B (Greated 1	b DATE 4-26-1969	Dulane	emetery or cre y Valle	MATORY y Memorial	23d OCATIO	N (C by or Jowe) eysville,	Marylan	d ^(State)
		FUNERAL DIRECTOR		ADDRESS			BY REGISTRAR	25b REGISTRAR		
1	V	m. Cook-Brook	ks Towson 10)50 York	Road 21	204 APR 2	5 1969	Achani	es Judge	-



1		04969			V. PRESTON STREET,		RYLAND 21201		
1		07000			FICATE OF DEA		CIANTO ELECT	049	961
= -2=		DECEASED NAME First	M	iddie	Last	2a. DATE OF			26 НОПА
deo ond deo		[Type or print] EDGAR	MONRO	Œ	BULL	April	Month 9 Day	1969°	2:20 M
fur fur fer	3. 5	EX	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
the age		MALE	WHITE		Jan. 23,	1921	148 birthday) YRS.	MONTHS DAYS	HOURS MIN
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral listector, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within (2 has gater death	7a (00	BIRTHPLACE (State or foreign rintry) MARYLAND 7	U.S.A.	man	NEVER MARRIED DIVORCED		DEATH		4.1
n 2. illed pop	10	CITY OR TOWN OF DEATH	11 NAME OF HOS		The Same	USUAL OCCUPATION	(Kind of work dane	12h KIND OF	BUSINESS OR
within tely fi	L	FORT HOWARD		PITA. Vetera		CLERKvorking	life, even if retired)	S'OCRY	SECURITY
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exe any any	_	FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN N	AME First	M.ddle		last
2 7	4	THOMAS	E.	BULL		ODA		SINDA	
ote dies single		WAS DECEASED EVER IN LS ARME	FORCES? 16b SOCIA	. SECURITY NO.	17 INFORMANT		Address		
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h cer ing p The		18. CAUSE OF DEATH (Enter only PART + DEATH WAS CAUSED IMMEDIATE	ane couse per line far (a),	(b), and (c).)	AT TARRADOMIC			APPROXII BETWEEN O	MATE INTERVAL INSET AND DEATH
deat tend mit.		IMMEDIATE	CAUSE (o)	MIOCARDI	AL INFARCTIC	<u> </u>			
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res th rsician ned by ial-tra ial, cre		stating the underlying cause	1	HOPNE UMON	IA, RECENT				
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The att hos	I E						OF DEATH?	_	
IAN: tal or ficote for u	CAL CE	210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH The either, notify medical examiner	21b. TIME OF INJURY HOUR A.M Month I P.M.	Doy Year	c. HOW INJURY OCCURRED	(Enter nature of injur	y in Port 1 or Port 2, 1	tem 18)	
renting the different to other the different to other the different the	MEDICAL	21d. INJURY OCCURRED 21e. PL	ACE OF INITIPY CATHOME FAI	M. STREET FACTORY V 2	IF LOCATION Street or D.E.	D. No.	ar Town	County	State
G PH the h this this defoc				i	If LOCATION Street or R.F			,	
DIN by Stot	П	22a. I certify that (f) (this saw the deceased alive causes stated above.)	haspital) attended the	deceased from	April 8	19 69 , ta	APELL 9 19	that	(I) (we) last
R. C.		causes stated above,	(we) (did statakan)	view the bady af	and mai in (m y) (aur ter death.	y apinian death i	eccurred an the da	te and havr	and fram the
AT Specific States							22 € €	DATE SIGNED	
DIRE OR		Than	I I. Dury	~ les	DEGREE PHYS.	DIRECTOR	STAFF PHYS	4/9/69	
PITAL may ERAL r., poor		22d. PHYSICIAN'S NAME (Type) ERHARD	I. BUNYOR,	M.D.	22e. ADDRESS VA Hospi	tal, Fort	Howard, M	d.	
HOS Juni Gerto	230	BURIAL, CREMATION, 23b DA	TE 23c	NAME OF CEMETERY			N (City or Town)	(Caunty)	(Stote)
5 5 5 mg 2			10 10		antist Cemet	ery Here			aryland
VR AIS AND ASM		FUNERAL DIRECTOR		ADDRESS	2So R	C'D BY REGISTRAR	2Sh PEGISTPAP'S	SIGNATURE	
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4			DIVICION OF VIT		D STATE DEPA			W. 4.11D. 03.003		
P		04970	DIVISION OF VIT		ERTIFICATE			TLAND 21201	0496	2
1		ECEASED NAME First		Middle	Lo		20. DATE OF D	DEATH	., 2, 4, 4	2b. HOUR
	(1	ype or print)	'AY	Richard	Burgoon		Apa	Month 2	1969 Yeor	1:12
	3 5!	X	4 RACE			E OF BIRTH		6 AGE (in years	JE UNDER 1 YEAR	IF UNDER 24 HRS.
		Male	White		м	ay 8, 18	98	lost birthdoy) 70 YRS	MONTHS DAYS	HOURS MIN
	70	BIRTHPLACE (State or foreign intry)	76 CITIZEN OF WHAT C	OUNTRY?	8 MARRIED NEV		9 COUNTY OF D		1	
	(OU)	Maryland	USA		WIDOWED [DIVORCED	Ball	Ltimore		Md
,	10 (ITY OR TOWN OF DEATH	II NAME C	OF HOSPITAL OR INST	HTUTION (If not in ho	spital 120 US	JAL OCCUPATION (Kind of work done	126 KIND OF	BUSINESS OR
X		Towson	St.	Joseph	Hospital	auring	Retired	fe, even if retired.)	INDUSTRY	
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	14.4	Maryland	¥		Baltimor	0 ~		Berwick	Ave. #	21234
	14]	Harveym	Middle T-	urgoon	IS MOTH	ER S MAIDEN NAME	first nma	M•ddle	Fanci	Lost
	160	WAS DECEASED EVER IN U.S. ARA		SOCIAL SECURITY N	O 17, INFORMA		imitst	4 4 1	Frock	
	Y	es, no, othniknown) (Il yes give w	and the state of t	16 -09-05		Lorene M	Burgoon	Address Sam e		
		IB. CAUSE OF DEATH (Enter on					241 80011	Denile	APPROXIM	MATE NIERVAL
		PART I DEATH WAS CAUSEI	N RV.		7 hamanni				BETWEEN OF	ISET AND DEATH
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		Conditions, if ony, which gove			erotic Ca					
		rise to immediate couse (a) (stating the underlying couse(DUE TO, OR AS A		BILDIGIC US	ir Diovasic	ular Lis	3450		
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	*									
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	FRTIF	The Affiliation was the pro-	C lau sees of	rest c		res No 5				
		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAJSE OF DEATH	H HOUR A.M. Mc	iRY onth Day Year	ZIE. HOW INJU	RY OCCURRED (Ent	ter noture of injury	in Port 1 or Port 2,	Item 1B)	
	MEDICAL	(If either, notify medical examin	ier) P.M.	19	08/ 1 07/ 10/17/00	51 1 D 5 0		*		
		1107 1711110	PLACE OF INJURY (AT HO	E BUILDING. EIC	ZH LOCATION	Street or R.F.D. N	io City o	r Town	County	Stote
			s hospital) attanda	d the decourse	from Arres 1	2 101	60 to 4-	neil 2 10	60 that	M) (wa) last
		22a L certify that (the saw the deceased al causes stated abave	ive on Apri.	1 2 19	69, and that	in (Ps y) (qur) ar	oinian death ac	curred on the d	ate and hour	ing from the
			,本) (we) (did) (d x b	Not) view the b	ady after death.					
		22b. SIGNATURE	t) .	A1	TENDING	MED.	STAFF C	DATE SIGNED	
		22d. PHYSICIAN'S	1	word	DEGREE PI	HYS E	MED. DIRECTOR	PHYS Ap	ril 2,]	1969
			iz Dizon,	M.D.			Rd Roll	timore.	V4 07.00	de.
1	230	BUR AL, CREMAT ON 23b D			EMETERY OR CREMAT		23d LOCATION		(County)	(Stote)
	200	BUYLSTEORY) 4/	5/69		d Memoria			more, Ma		(2(0)8)
Ì	24	FUNERAL DIRECTOR		ADDRESS		25o REC D	BY REGISTRAR	25b REGISTRAR S	SIGNATURE	
		Leonard J Ruck	Inc. Bal	timore, 1	Maryland	DAAPR	3 196	gillian	the house	
- 4										



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	04971	DI	VISION OF VITAL REC		CATE OF L		KE, MAKTLA	ND 21201	0496.	to.
ī	DECEASED-NAME	LAST	Middle		FIRS		o. DATE OF DEATH	1		2b. HOUR
	(Type or print)	BURK	Ca	el A	NDREW		APRI	lonth 500	19690	7:30
3.	SEX		RACE		S. DATE OF BIR		6 AC	E (In years by hadoy)	IF UNDER 1 YEAR MONTHS DAYS	OF JNDER 24 HRS
70	MALE BIRTHPLACE (Stote or		WHITE CITIZEN OF WHAT COUNTRY?	8		21, 188	OUNTY OF DEAT	11/2		
CI	MARYLAND)	U.S.A.	WIDOWED	NEVER MARR DIVORC	ED 7. U	BALTIMO			Me
10	CITY OR TOWN OF DE		11 NAME OF HOSPITA	L OR INSTITUTION (IF		120 USUAL OC	CCUPATION (Kind	of work done	12b, KIND OF	BUSINESS OR
2	TOWSON 2	1204	give street address) ved if institution: Residence			Garane 3d 495,DE CITY LIM TS?	r- retu		Cotat	e
00	IMISSION RELATEAND)	3b (BALTIMORE	Tows	on I	YES ATO T	13e STREET A	nd number Ra dc lif	fe Road	-21204
14	FATHER'S NAME Andrew	First Carl	Burk	Lost	MOTHER S MA	DEN NAME FINA	app	Middle		Lost
30	Yes, no Wanknown)	NONE OF		CURITY NO 17 -0351A	NFORMANT Fami	ly recon	ds	Address		
	18. CAUSE OF DEATH	WAS CALICED BY.	e couse per line for (o), (b),						APPRÖXII BETWEEN O	MATE INTERVAL INSET AND DEATH
	II MA	IMMEDIATE C	AUSE (0) HOMOFFN					4		
	Conditions, if any,	which gove)	DUE TO, OR AS A CONSEQUE	NCE OF pulmo	nary emi	oolus				
ı	rise to immediate stating the underly	couse (o),	DUE TO, OR AS A CONSEQUE	NCE OF						
	last	,	(c)							
		NIFICANT CONDITION	ONS CONTRIBLTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL I	DISEASE OR CONDI	TION GIVEN IN PA	ART 1(a)		
TEDTIELCATION	190. DATE OF OPERAT	ION 196 COND	ITION FOR WHICH OPERATION	WAS PERFORMED	20o. AUTOPS	543	20b. IF YES, V	VERE FINDINGS (ONSIDERED IN C	ERTIFYING
DTIEL					YES 🔼	№ [CAUSES OF DE	ATH?		
		UNDERLYING TCAJSE OF DEATH	21b TIME OF INJURY HOUR A.M Month Doy	Year 21c. H	OW INJURY OCCU	RRED (Enter note	ure of ≀njury in P	ort 1 or Port 2,	Item 18.)	
MEDICAL	(If either, notify me	dicol exominer)	P.M.	19	CATION Stead	as D.E.O. No.	City or Tov		C	£4-4-
	While NoI while		OFFICE BUILDING	TREET FACTORY.) 21f Li	MATTOR STORE	or K.r.p. No	City of Tov	¥Π	County	Stote
	22o. I certify the	hot 🗱 (this ho	ospitol) offended the d	eceosed from	arch 6,	, 19.69_	, to Apri	1 5, ., 19.	69_, that	(bc(we) los
	sow the de	repsed olive	(we) (did) (did not) viet	w the body ofter	d thot in (ARD)(E) deoth.	(our) opinion	n deoth occurr	ed on the do	te ond hour	and from th
	22b SIGNATURE	V	150 1	0	ATTENDING	MED	TATZ STATZ	22c	DATE SIGNED	20/0
	22d PHYSICIAN'S	Mmur	1/2	DEGI	EE PHYS 22b. ADDRE	DIRECT	OR STAF	X Ap	ril 5,	TA p A
	NAME (Type)	Samuel	C. H. Lee, M	.D.	762	York R	load, To	wson 4,	Maryla	nd
23	O BUR AL, CREMAT ON,	23b. DATE	23c NA	ME OF CEMETERY OR			d. LOCATION (City		(County)	(Store)
24	BEMOVAL (Specify) PUNERAY DIRECTOR	Apri	L 8, 1969 St.	John's (So REC'D BY REC	Slenheim GISTRAR 25			•
-	John L	Juno	Amo o	Howso	W	APR 1	0 1969	B RECISIRAR'S	too Just	وا

\$ 10 mm

χ 1		ozomo l		301 W. PRESTON STREET, BAL		
•		04972		ERTIFICATE OF DEATH		04964
deoth erol ond 2 deoth		CEASED-NAME First The print of	GE Middle	tost EURI EY	2g DATE OF DEATH	25. HOUR 4:00Am
within 24 hours after death lely filled it by the full erol bon papers. Tages 1 and 3 within 72 hours after death	3 58	MALE	4. RACE NEGRO	5 DATE OF BIRTH 5/8/98		AF JNDER I YEAR OF JNDER 24 HRS AONTHS DAYS HOURS MIN
4 hours		IRTHPLACE (State or fore gn 7 RYLAND	U.S.A.	8 MARRIED NEVER MARRIED DIVORCED	9 COUNTY OF DEATH BALTIMORE COUNTY	Y, Md
orted within 24		TORT HOWARD	11 NAME OF HOSPITAL OR INS	SPITAL during of	JA. OCCUPATION (Kind of work done story of working life, even if relifed)	126 KIND OF BUSINESS OR
mmple ve col	13e edm	USUA, RESIDENCE (Where deceased ssian) STATE MARYTAND	lived, if institut an. Residence before	13c CTY OR TOWN 13d INSIDE CTY BALTIMORE YES N	LIMITS? 132 STREET AND NUMBER ON	STREET
be exactted on a complete of in any even	14. [ATHER'S NAME First JOHN	Mrddle Last	15 MOTHER'S MAIDEN NAME	First Middle SARAH	Calego
ificote nysicion n pleas rol, ond	16a	WAS DECEASED EVER IN U.S. ARMED	D FORCES? DET #8 of Service) 16b SOCIAL SECURITY N 218 07 18	17 INFORMANT NAME OF THE HOME	ARD, MD. CLINICAL	RECORDS
requires that the deoth certificate g physician. n signed by the attending physicial a burial-transit permit. Then pleas o burial, cremation, or removal, and		PART I DEATH WAS CAUSED I	ane cause per line for (a) (b), and (c) BY.	NAL CANCER WITH M	etastas is	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the dec e atten permi		/750 Canditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF			
s thot ian. I by th tronsii		rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
SO equires the physician signed by buriol-troi buriol, cre			(c)	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
s been os the prince to	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS COL	NSIDERED IN CERTIFYING
N: The ar off ar		210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	YES NO [23c. HOW INJURY OCCURRED (Entitle	er nature of injury in Part 1 ar Port 2, Ite	em 18.}
rsicia ospital certific hed fo	MED CAL	or contributing to cause of death (If either, notify medical examiner 2 d INSURY OCCURRED 21e PL	r) HOUR A.M. Month Day Year P.M. 19 LACE OF INJURY (AT HOME FARM, STREET FAC		o. Cily or Town	County State
the ham the ham the ham the ham defacted the Depterment		While Nat while of wark		1 105 160	1./20/60	
ENDIN ned by R: Afte uld be the Sta		saw the deceased oliv	hospital) ottended the decease ve an [1] (1) (we) (did) (diches) view the l	9 and that in (1999) (aur) or	to 19 inion death accurred on the date	, that 🛪) (we) last e and haur and from the
OR ATI		22b SIGNATURE	By 4/4 to 10		MED STAFF 22c DI	7297ED 69
may b RAL Di RAL Di		22d PHYSTEIAN S GEORGE	C. MC ELFATRICK,		HOWARD, MARYLAND	
Page 4 may be retained by the hospital ar ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the buriol-transit permit. Then please remineration of the state Dept. of Health priar to buriol, cremation, or removal, and in any	23a	BURNAL, (REMATION, 235 DA	TE 23c NAME OF C	EMETERY OR CREMATORY ORE WAT TOWAL	23d. LOCATION (CALEF LINORE,	(Stole)
VR ALS			Bailey KELSON FU	NERAL HOME 250 MA	BY REGISTRATO CO25b PECTOCOUS	Carlinga

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<i>i</i> —	1	04975 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH											0496	57
death	uneral and 2 death.	(1	CEASED-NAME ype or print)	Georg	U		Middle C•	(last altrid	er	20. DATE OF Apri	L Month 10 Do	у 69 Үөөг	2b. HOUR 6 P. M
s after	S of the fe	3. SI	Male			White			S DATE OF BIR	, 1902		6 AGE (In years last by thay) YRS.	IF UNDER 1 YEAR MONTHS DAYS	1F UNDER 24 HRS HOURS MIN
24 havi	pers 72 fou	cau	BIRTHPLACE (Stote or f	y	76. CITIZEN OF W			WIDOWED		CED 🔲	i.	altimore		Md.
within	physician and campletely filled en please Penave carban pape oval, and in any event, within 7	(ity or town of dea Lyndon		929	e street odd	ospital or inst	Ave.		during	જારાંજે જિલ્લ	(Kind of work done life even if retired)	126 KIND OF INDUSTRY	BUSINESS OR
ecuted	camplet ave car y event,	adm		d.	13b. COUNTY	utian: Resid		13c CITY OF			0 2	reet and number hatswore	h Ave.	
e pe ex	ician and lease Tem		Joh		Middle		altrid	er	S. MOTHER'S MA	IDEN NAME Mary	First F	Middle	For	d.
ertificat	physicia en ples oval, ar	100. Y	was deceased ever es, av or unknown)	(If yes give w	or or dates of service)	213-	1AL SECURITY N -01-507	19 M	nformant s. Edn	a M. (altrid	en Glyna		MATE INTERVAL
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	cian d by the attending phy I-transit permit. Then I I, crematian, ar removal		PART I. DEATH	H (Enter and NAS CAUSED IMMEDIA	y ane couse per BY TE CAUSE (a)	line for (a)	(b), and (c))	en	uc	ح	- 5m	<u> </u>	SETWEEN O	MSET AND DEATH
at the o	the att		Conditions, if one, w	hich gave) ouse (o) (DUE TO, OR	i/	5	1. 9	1/2	2	D		yea	cho
ires th	pnysician signed by the burial-transit burial, cremal		stating the underlyi	ng cause	(0)_	10	PQUENCE OF	Hen	/ Ke	mor	Kro		1/4	10
JW requ		NO	PART 2. OTHER SIGNI	V	ONDITION FOR W				20a AUTOF		/	N IN PART I(a) F YES, WERE FINDINGS	CONCIDENCE IN C	EDTICVIAIC
The k	pridicate has been difficate has been diffar use as the of Health priar ta	CERTIFICATION	21g. ACCIDENT WAS		/ 8		ALION WAS FER		YES TO OCCU	No €	CAUSE	S OF DEATH?		.KUFIING
SICIAN	ne nospiral ar arrehang this certificate has been etached far use as the Dept. of Health priar ta	MEDICAL (OR CONTRIBUTING (If either, natify med	cause of DE ÁTI	HOUR A.M. P.M.	. Manth	Day Year (OCATION Street			or Town	County	State
ن ي			While Not while of wark		PLACE OF INJURY						110	. /	,	
ATTENDIN	retained by IECTOR: After 3 should be owith the State		saw the de couses stat	ceased al	ive on , (I) (we) (did	did og	view the b	7, an odvatter	d that in (my deoth.	() (vet 96	inion deathy	occurred on the d	ate and havr	and from the
O. A.	e >		22b. SIGNATURE	MA	Lag	fel		DEGI	1 1713		MED. DIRECTOR	STAFF 22c	DATE SIGNED	6,9
O HOSPITAL	Page 4 may be in the control of the		22d. PHYSKIAN NAME (Type)	Jan	(e5//	163	27	fell	22e. ADD	Ter	ster	Junes -	me	1/_
TO HO	rage TO FUI direc	1	BURIAL (REMATION, REMOVAL (Specify)	1 /	ril 44,	69		ine P	crematory ark	nc- arce	1	ON (City or Town)	(County)	(State)
	VR A13 27 3	24	FUNERAL DIRECTOR	e & S	ions Re	ister	istour,	M.		APR	registrar 1 4 196	9 25b, BIGISTRAR	Solonari Kt	e.



1			D STATE DEPARTMENT OF H		01000
1	04976		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARYLAND 21201	04968
	DECEMENTAL STATE			A DITE OF DELTH	120
4 2 (1)	I. DECEASED-NAME FIST (Type or print)	USAN Middle.	CAMPRELL	2o. DATE OF DEATH Month Doy	Yeor 2b. HOUR
nany event, within 72 hours after de	Campbell			1 7	<u> 69 </u>
	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	# UNDER YEAR IF UNDER 24 HRS. MONTHS QAYS HOURS M.N.
	Female	white	8-2-1890	78×70× YRS.	months ways nooks my.
[7	70 BIRTHPLACE (State or foreign country)	75 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Maryland	IIS	WIDOWED DIVORCED	Balto	Md
Ī	O. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
431	Baltimore	give street oddress) Stella Mairi	during ma	ost of working life, even if retired)	INDUSTRY
	3o. USUAL RESIDENCE (Where deceo	sed lived if institution. Residence before	13c. CITY OR TOWN 13d INSIDE CTY LI	Ho sekeeper MIS7 13e STREET AND NUMBER	
300	odmission) STATE Ralto	136. COUNTY			4
	14. FATHER S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F	rst 31: Vork C	Lost
7					1031
7	Thomas Campb	MED FORCES? 166 SOCIAL SECURITY I	Virginia I	Address	
		var or dates of service)	T.D. CAMPBEL		TS HOSPICE
- 1		220-30-003		17334 .420	APPROXIMATE INTERVAL
	PART 1. DEATH WAS CAUSE	by one cause per line for (a), (b), and (c).			BETWEEN ONSET AND DEATH
		ATE CAUSE (o)	noun		Week
		DUE TO, OR AS A CONSEQUÉNCE OF	1 Octor	who great	1.4
	Conditions, if any, which gove rise to immediate couse (a)	(b) Carcin	men d parcet	eau	Wouth.
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	intra aboldham	metintases	
	last.	(c)			
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(o)	
	= Ilrale	the mellitin	Administration		
	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
	Ĕ		YES NO	CAUSES OF DEATH?	
11	210 ACCIDENT WAS UNDERLYI		21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	Item 18.)
- 1	G CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Yeor ner) P.M. 19			
1		PLACE OF INJURY (AT HOME, FARM, STREET FAC		City or Town	County Stole
- 1	While Not while at work	COFFICE BUILDING, ETC.	/	·	
- 1	22g. I certify that (I) (th	is hasnital) attended the decease	ed from s/UI.Y . 19	18. to APR . 19	6.9 , that (1) (we) last
	saw the deceased o	live on APR 7	ed from $JULY$, 19 \pm 969, ond that in (my) (our) opi	nion death occurred on the do	ite and hour and from the
- 1	courses stated above	e, (I) (we) (did) (did nat) view the	body after death.		
7	22b SIGNATURE		ATTENDING - M	ED STACE 22c.	DATE SIGNED
	The state of the	nu		ED STAFF PHYS. \Box 4	1/8/69
	22d. PRYS CIAN'S +	DATE TO MAGE	22e. APDRESS	M IT	
	NÄME (Type)	DAV ID NAGEL	STFLLA	MARIS HOSPIC	E
Ī	23o. BUR:AL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	DEMOVA (Specific)	4/10/69 NF	W CATHEDRAS		Mr.
0	24 FUNERAL DIRECTOR	ADDRECC	2So REGOR		SUNATU O SECOND
A I	H. W. MEARS	& SON 805 N.CA	LVERT ST APR	1 1 1000	1

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,	1		DIVISION (D STATE DEPAI			TAND GLOOP		
4	04	977	DIAISION (OF VITAL RECORDS,	CERTIFICATE		IIMUKE, MAKT	LAND 2120[0496	9
death. peral and 2 death.	DECEASED-NAM (Type or print)		LOUIS	Middle DEWEY	CAMPE		,20 DATE OF DI	Month 20 Do	¹ 1965°	2b. HOUR
	3 SEX Ma.	Le	4 RACE	hite		of Birth y 6, 1 89		AGE (In years lost birthday) 70 YRS.	F JNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS AUN
4 havr d in by pers.	70 BIRTHPLACE (country) Mary	_	75. CITIZEN OF U.S.	WHAT COUNTRY?	8. MARRIED 20 SEVER	R MARRIED 🗍 DIVORCED 🔲	9 COUNTY OF D	BALITIMOI	RE	Md
within 24 haurs ely firled in by ban papers.	Fort Ho		Ve	NAME OF HOSPITAL OR IN: ve street address) terans Admi	nistration	during m	AL OCCUPATION (Knost of working life	ind of work done e, even if refired)	126 KIND OF NDLSTRY Barber	BUSINESS OR
urted amplet ve car event	[odmission] STAT	ENCE (Where dece	osed lived, if insti 13b COUNTY	itut on. Residence before	13c CITY OR TOWN Baltimore	13d INSIDE CITY .	MIS? 13e STREE	T AND NUMBER Harford		Duop
physician the death certificate be execut physician and cam signed by the attending physician and cam burial-transit permit. Then please remave burial, cremation, or remaval, and in any ev	14 FATHER'S NAM		Middle	e Lost	15 MOTHER	RS MAIDEN NAME		Middle		Last
- E		Fran		Campeggi		Elizabet	h		Otis	
ne death certificate be otherwise of permit. Then please ion, or removal, and	Yes, no, ar unk		e war or dates of service)	16b SOCIAL SECURITY			The section 17 and	Address		
hen hovor	Yes	OF DEATH (Faces		212 14 27		ec. VAH,	FORT HO	ward, Mai	ADDONY	MATE INTERVAL
ding t. T	PART I	DEATH WAS CAUS	ED BY:	r are for (a), (b) and (c)		ma nomeon	,		BETWEEN (DAYS
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t the of the sit properties		it ony, which gave	1.0	ARTERIOSCI	EROTIC HEA	RT DISEA	SE		UNK	NOWN
ician d by the Ltransit		iediote couse (a) underlying cause		R AS A CONSEQUENCE OF						
equires physicia physicia signed burial-tr	last.		(c)							
requi		HER SIGNIFICANT CO	ONDITIONS CONTRI	IBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVEN II	N PART 1(o)		
The taw requires the aftending physician has been signed by se as the burial-traff. The prior to burial, cre	190. DATE OF	OPERATION 198	CONDITION FOR	WHICH OPERATION WAS PE		AUTOPSY?	CAULTE O	S, WERE FINDINGS (F DEATH?	CONSIDERED IN C	ERTIFYING
CLAN: The ital or attificate ha far use faulth of Health	S OR CONTRIB	NT WAS UNDERLY uting CAUSE OF DE	ATH HOUR A.J	OF INJURY M. Month Doy Yeor M. 19	27c HOW INJUR			n Port 1 or Port 2,	Item 18.)	
DING PHYSICIAN by the haspital frer this certifica be detached fai State Dept. af His	While 1	OCCURRED 21	e. PLACE OF INJUR	AT HOME FARM, STREET FAC OFF CE BUILDING, ETC.	TORY, 21f LOCATION				County	Stote
DY Dy Ifter be a	22a. I cer	tify thatXUK (t	his haspital) a alive an Ap re XX (we) (di	nttended the decease oril 20 1 d) (1200) view the	of from April 99, and that is body after death.	18 , 196 n (##) (aur) op	y , ta Apr inion death occ	urred on the de	69 , that ate and hour	ond from the
00 00 00 00 00 00 00 00 00 00 00 00 00	22b SIGNAT	Elen	a lu.	amis	DEGREE PHY	rs LJ c	DIRECTOR LL I	HYS XX	DATE SIGNED 4/20/69	
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE directar, page 3 shauld be filed v	22d. PHYSIC NAME (IAN'S Type) ELS	A M. GOF	RIS, M.D.				HOWARD,	MARYLAN	D
TO HOSPITAL Page 4 may b TO FUNERAL page director, page provide file	23a BUR AL, CRE REMOVAL (S	ary) A	pril 24,	, 19Moreland		Cemetery		iltimore,		nd (State)
VR ALA RV	24. FUNERAL DIR	ECTOR			arford Road	25a. REC D E	2 1 196	25b REGISTRAR S	SIGNATURE	dal.
43W - 1V08	Lannard	J. Ruck	Inc.	Boltimo	re, Maryla	nd DATE 11	. Y T 100	Y		9





			DEC SOLIM DECTON CIDECT D				
The way	04979	DIAIDION OF ALLET KECO	ISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH				
. 21	1 DECEASED-NAME	First Middle	Last	20. DATE OF DEATH	04971 26. HOUR		
eath and 2	(Type or print) Jose	eph D.	Catalano		oy Yeor		
- 5 m = 5	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	7 69 7 30 IF UNDER 1 YEAR IF UNDER 24 HRS		
# (a) **				lost birthday)	MONTHS DAYS HOURS MIN		
S S S	Male	Cau.	8-12-12	56 YR	S.		
hau hau	7o. BIRTHPLACE (State or fareign country)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH			
illed i paper	Baltimore		WIDOWED DIVORCED	Baltimore	M		
e executed within 24 cand campletely filled day carbon pape in any event, within 7	10 CITY OR TOWN OF DEATH	11, NAME OF HOSPITAL give street oddress)		USUAL OCCUPATION (Kind of work dans			
ely with bon with	Baltimore	St. Jose	ph's Hospital	g most of working life, even if retired lachine Operator	Tool		
ed v	13a LSUAL RESIDENCE (Where de admission) STATE	ceased lived, if institution: Residence b	efore 33c, CITY OR TOWN 13d, INSIGE	100 11100111111111111111111111111111111			
ami cut	Maryl.	and Baltimon	ce Sparks YES	NO R 26 Bellclare	Circle		
ord co	14. FATHER S NAME First	Middle L	ast 15. MOTHER'S MAIDEN NA		Lost		
9 6 =	Dominie	Catalano	Antonia V	'itale			
icate b	16g. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SEC	URITY NO 17 INFORMANT	Address	Sparks, Md.		
The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in brite Tüheral se as the burial-transit permit. Then please remave carbon papers. Pages and and 2 the prior ta burial, crematian, ar remaval, and in any event, within 72 to construct death	Yes, no, or unknown) (If yes	WW 2 216-09	-7178 Mrs.Alicia C	atalano 26 Bellcl	are Circle,		
th certif	IR CAUSE OF DEATH (Fort	er any one cause per line for (a) (b), a	nd (c))		APPROXIMATE INTERVAL		
ne death cer attending p permit. The	PART I. DEATH WAS C	MISED BY-			BETWEEN ONSET AND DEATH		
he death attendii permit. ian, ar re	/ IMI	, ,	ized Sepsis				
tiar	Conditions, if ony, which g	DUE TO, OR AS A CONSEQUEN					
at the state of th	rise to immediate couse	(b) GAPGIIII	ma of Colan				
t in by a paragraph	stating the underlying co	DUE TO, OR AS A CONSEQUEN	CE OF				
ires ysic ned rial-	last.	(t)					
by the haspital or attending physician. by the haspital or attending physician. fler this certificate has been signed by the attend be defached for use as the burial-transit permit State Dept. of Health prior ta burial, crematian, ar	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(0)			
ling ling sen the	NO NO						
The law reatending has been se as the th prior ta	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION V		CALISES OF DEATHS	S CONSIDERED IN CERTIFYING		
독 B B 로 폭	E			'L.			
YSICIAN: The capital or attended for use had for use of the office of th				Enter nature of injury in Part 1 or Part	2, Item 18.)		
pito pito portifica of the	GREAT CONTRIBUTING CAUSE OF CHICAGO CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF		19				
ATTENDING PHYSICIAN stained by the haspital of CTOR: After this certifical should be defached for ith the State Dept. of Her		21e. PLACE OF INJURY (AT HOME FARM, STI	REET, FACTORY.) 21f. LOCATION Street or R F D	. No. City or Town	County State		
DING PHYS by the has lifer this ce be detache State Dept.	While Not while of work	• • • • • • • • • • • • • • • • • • • •					
ADING d by ti After d be d	22a. I certify that (2)	(this haspital) attended the de	ceased from April 16 , 19 69 and that in (1977) (aur) the bady after death.	9 69 , ta April 17	19_69 , that (1) (we) lo		
	saw the decease	d alive an April 17,	1969 and that in (pay) (aur)	apinian death accurred an the	date and haur and fram th		
Se S	causes stated at	rave, (H) (we) (did) (did not) view	the bady after death.				
R ATTEND retained by SECTOR: Af 3 should by with the S	22b. SIGNATURE	1 41	ATTENDING	MED. STAFF	2c DATE SIGNED		
OR be r	/Sun	WG 1/4 /	V DEGREE PHYS	MED. STAFF A	pril 18, 1969		
Page efficient	22d PHYSICIAN'S NAME (Type)		7620 Yo	rk Road, Towson, 1	Maruland		
Page 4 may be retained for FUNERAL DIRECTOR: A director, page 3 should should be filed with the	MARIE (Type) Dr.	Samuel C.H. Lee			- ALL J. P. CALKE		
HG Be Incompany			NE OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)		
5 5 5 5 4 2	Bello Av (Specify)		red Heart Cemetery	Baltimore, Ma	3		
VR A15(4)	24 FUNERAL DIRECTOR		DRESS 2Sa. RF	CD BY REGISTRAR 256 REGISTRA	RS SIGNATURE		
30M REV V 168	Wm. Cook-Broo	ks Towson 1050 You	rk Rd. 21204 DATE	11/2 1 1200			

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	149	4980 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR CERTIFICATE OF DEATH						AKILAND ZIZUI	04972	
	ECEASED-NAME Type or print)	Bertie		Middle lendersor		aney	20 DATE O	the state of the s	oy 69 Year	2b HO
3. 9	EX Fema	le	4 RACE Whit	´^	į į	ATE OF BIRTH	, 1886	6. AGE (In years lost birthday) 83 YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24
70 cou	BIRTHPLACE (Stote intry) Md.		TE CITIZEN OF WHA		8 MARRIED NI		9. COUNTY O		·I	
10	CITY OR TOWN OF I	DEATH	11 NAM	IF OF HOSPITAL OR INST eet oddress) 06 Indian	ITUTION (If not in h	iospitol 120 U	SUAL OCCUPAT O	N (Kind of work done g fe, even if retired)	12b KIND OF INDUSTRY	BUSINESS OF
13o. odn	USUAL RESIDENCE ussion) STATE	(Where decease	lived, if institution	n Residence before Balto	13c. CITY OR TOWN	N 13d, INSIDE CIT	TY LIMITS? / 13e. S	STREET AND NUMBER		
١	FATHER'S NAME	First	Middle	Lost	1	HER'S MAIDEN NAMI	E First	Middle		Lost
160	aither WAS DECEASED EV Yes, np, or unknown	ER IN U.S. ARME	D FORCES? 1	<u>ierson</u> 66 SOCIAL SECURITY N 213–40–8	0 117 INFORM		Н. Ма	Address rshall, Jr	Burg	ess
	Conditions, if any	IMMEDIAI , which gove }	E CAUSE (o)	for (o), (b), ond (c).) Intestina A CONSEQUENCE OF Carcinoma					APPROXI BETWEEN 0 3 day	
	stoting the underlying couse (o), (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)									
CERTIFICATION	190. DATE OF OPER		NOITION FOR WHICH	HOPERATION WAS PER		0o. AUTOPSY? YES NO	CAUSI	IF YES, WERE FINDINGS ES OF DEATH?		ERTIFYING
MEDICAL CE	210. ACCIDENT W or contributing (If either, notify n	CAUSE OF DEATH	r) P.M.	Month Doy Year				ury in Port 1 or Port 2	, Itam 18.)	
Σ	21d. HAJURY OCCL While Not who of work of wo	JRRED 210 P	LACE OF INJURY (A	THOME FARM STREET FACTI FFICE BUILDING, ETC.	ORY.) 21F LOCATIO	N Street or R.F.D.	No. Cit	y or Town	County	State
	22a. I certify that (1) this hospital) attended the deceased from January 6, 1969, to April 24, 1969, that (1) (we) lo sow the deceased alive on April 22 1969, and that in (my) (our) apinion death occurred on the date and have and from the causes stated obave (1) (we) (did not) view the body after death.									
	22b SIGNATURE 22d PHYSICIANS	mal	10,0	been	1 DEGKES	ATTENDING PHYS	MED. DIRECTOR	STAFF D	DATE SIGNED 4-25-69	
	NAME (Type)	Donal	d O. Wo	od		York Rd	. & Gr	eenmeado	w Dr.	
	BURIAL (REMAT O REMOVAL (Specify)		1E 4-26-69	Smi	EMETERY OR CREMI			10N (City or Town) Dunkink		(stot2) • bN
24.	FUNERAL DIRECTOR		Sons Co	4905 Y	ork Rd	2So. REC'E	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	0.00



			NUCION OF		D STATE DEPA			NI 11 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		
		04981	וס אסוצואונ	F VITAL RECORDS,	ERTIFICATE	*	IIMOKE, MAI	RYLAND 21201	0497	7 3
2 62	1 0	CEASED NAME First		Midd e	las		2a. DATE OF	DEATH	0201	2b. HOUR
÷ _ ÷		Ype or print)		E.		.ARK	Zu. DAIL OI		5,1959	3:30 PM
fun fun	3. SE		4 RACE			E OF BIRTH		6. AGE (in years	IF JNDER I YEAR	F JNOER 24 HRS
hours after deat		Female	ШF	nite	Ap	ril 26,1	1889	last by thday)	MONTHS DAYS	HOURS MIN.
and to the	7o I	SIRTHPLACE (State or foreign 7	CITIZEN OF W	/HAT COUNTRY?	8 MARRIED NEVI	ER MARRIED 🗍	9 COUNTY OF	DEATH		
4 585	cour	Baltimore	USA		MIDOMED X	DIVORCED	Bal	timore		Md
vithin .	1D. (ITY OR TOWN OF DEATH	11 6	NAME OF HOSPITAL OR INS	TITUTION (If not in has	spital 12a USU	IAL OCCUPATION	(Kind of work dane	126 KIND OF I	BUSINESS OR
with bon with		Catonsville	give	street address) Shangrala	N/H	HOU	isewife	life, even if retired)	UMDUSTRY H	lome
cuted womplete	13a adm	USUAL RESIDENCE (Where deceased ssion) SIATE	Hived if Institu I 1314 COUNTY			13d. NSIDER CTY YES N		REET AND NUMBER		
com com com		tary land	131 COUNTY	Arundel	Pasadena		7 00	× 240-A L	ong Poi	
and rem	14. 1	ATHERS NAME First	M ddle	tast		ERS MA DEN NAME		M ddle		last
d e b	16-	WAS DECEASED EVER IN U.S. ARMER	F	Kroup 166 SOCIAL SECURITY I			neresa		C	<u>Schinck</u>
equires that the death certificate be executed within syphysician. signed by the attending physician and completely filled buriol-transit permit. Then please remove carbon poperation, or removal, and in any event, within buriol, cremation, or removal, and in any event.	Y	es, na, ar unknown) (If yes give wor:	or dates of service)	220-30-2			פירו ביי	- Daughte	er Sam	ne as #
nev nev		18. CAUSE OF DEATH (Enter only				0. 0.1		0113,	APPPOY A	EATE INTERVAL
ter in		PART I. DEATH WAS CAUSED I	3 Y	mie sos (a), (b) una (c)	Dullar		2.0.	0.	BETWEEN OF	NSET AND DEATH
he death s attendir permit ion, or re		IMMEDIATE	CAUSE (a)	AS A CONSEQUENCE OF	- cq acc ii	any c	, 446-0	.CI	Lan	trula mi
t pe a		Conditions, if any, which gave)	DUE TO, UK	AS A CONSCOUENCE OF	Mys cox	- of : 0	Γ., 0.	rction	9	
hat n. onsite		rise to immediate cause (a) (stating the underlying cause(DUE TO, OR	AS A CONSEQUENCE OF	70000	or and	14/2	46110.4	1 1111	ource;
equires that the death ce physician. signed by the attending buriol-tronsit permit Th buriol, cremation, or rem		last.	(c)	TO THE STATE OF	•					
physical phy		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
JING PHYSICIAN: The law requires the by the hospital or ottending physician. After this certificate has been signed by be detached for use as the burial-trouble to the burial transmissible better the burial, cressing the burial, cressing the burial of the statement of the ottential of the otten	×	Dialet	esp	le llifi	us .					
law endlay s be os th	CATIO	19a DATE OF OPERATION 19b CO	NDITION FOR WI	HICH OPERATION WAS PE	REORMED 2Da	AUTOPSY?		YES, WERE FINDINGS CO	ONSIDERED IN CE	RTIFYING
The off has	CERTIFICATION					res 🔲 No 🗓		OF DEATH?		
IAN: The law ral or ottending itate has been for use as the Health prior to		21a. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING CAUSE OF DEATH	216. TIME C HOUR A.M.		2Tc. HOW INJU	RY OCCURRED (Ente	er nature of inju	ry in Part 1 ar Part 2, I	tem 18)	
D tight in the second of the s	MEDICAL	(If either, notify medical examiner	} P.M.	19						
DING PHYSICIAN: The law raby the hospital or attending fifter his certificate has been be detached far use as the State Dept. of Health prior to		21d. NoJRY OCCJRRED 21e. PL While - Nat while -	ACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	lory.) 21f LOCATION	Street or RFD No	City	ar Town	County	State
te Det		While Nat wh.le at work					* *		V 429	
DING by After be Stat		22a. I certify that (1) (this saw the deceased aliv	haspital) ati	lended the decease	d tram5	in (my) fauri an	<u>6 fe</u> , 10 <u> </u>	4 - 76,719	<u>59</u> , that	(I) (we) last
A ATTENT retained retained retained strong: A		causes stated abave,	l) (we) (did)	(did not) view the	ody after death.	מט אפטט (אוווץ) ווו	illion deam (accorreg an me aa	ie ona nour	and nom me
ATTEI etaine shoul shoul		22b SIGNATURE	. 0 .	0	5.7	errateuric .	MCD.		ATE SIGNED	-
OR ATTEND DIRECTOR: A per should		Show V	ulle	Lover	DEGREE P	TENDING 14YS	DIRECTOR	STAFF PHYS.		
TAL OR nay be a Digge 3 page 3 pege 3		22d PHYS CIANS NAME (Type) CESK(1/0	11 - Pai	/ERO 22	e. ADDRESS	14.	+ 01		
SPI1 4 m NER Tor, ild b						36 2 9	C(66	rix ica		
FO HOSPITAL OR ATTENDING PHYSICIAN: The law rapide 4 may be retained by the hospital or oftending for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	23a	BURIAL (REMATION, 23b. DA	1E 29/69		EMETERY OR CREMAT		23d LOCAT C	N (City or Town)	(Caunty)	(State)
5-5-0		FUNERAL DIRECTOR	27/07	ADDRESS M	e deemer (BY REGISTRAR	imore, Ma		
VR A15 VI	24.	ingleton Funer	al Hem		prin Mo	2Sa RECD	29196	9 /Clean	an Ocean	e. 1
43M - 1/69.	2	TURTE COUL LINES.	מד ייטוווו	e aren ar	THIE, MA.	TATIONNER	- 0 100	7	10	



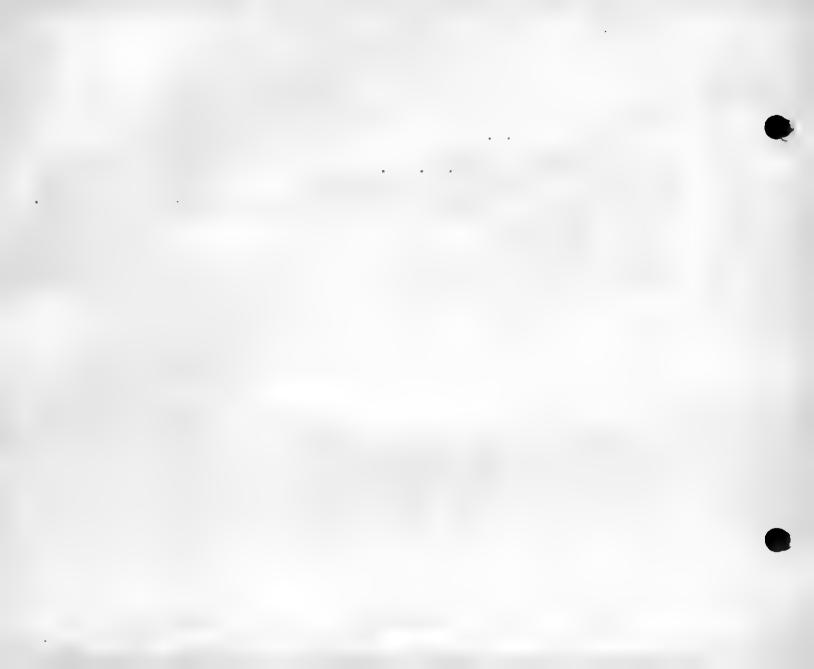
. 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	04982 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7 /
FOR STATE	INCORAL EXAMINER 3 CERTIFICATE OF DEATH	19
HEALTH DEPT.	1. DECEASED NAME First Middle East 2a. DATE KNOWN Month Day (Type ar Print) OF ESTI-	Year 25 HOUR
2, and 3 to PM3. Page	RAYMOND N. CLARKE SR. DEATH MATED 4 19	19694 a M
delay and 3 M3. Pag	3. SEX 4. RACE S DATE OF BIRTH 6 AGE (n years seat birthday) MONTHS DAYS HOURS MIN Month Day Year	2d. HOUR
b v d	Male White April 7, 1912 57 NRS April 19	19 69 4. aM
any borns	70 BIRTHP_ACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
S p p	Cdunlity)Baltimore, Md. USA WIDOWED DIVORCED Balto.	Md
haurs after death Office along with farm and 2 with the State De	110. CITY OR TOWN OF DEATH 111. NAME OF MOSPITAL OR INSTITUTION (It not in hospital 112g USUAL OCCUPATION (Kind at work done 112b KIN	D OF BUSINESS OR
ive g w	Dundalk 2000 LarkHall Rd. Route Salesman Phik	Co.
s after 18. Giv alang 2 with (13a USUAL RESIDENCE (Where deceased lived, if 'institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY UM.TS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY	
haurs Office of and 2 v	Md Balto Dundalk 3 2000 LarkHall Rd	-
haurs Item 1 Office I and 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Harvey Clarke Gerturde F. Disney	Last
rs s	Harvey Clarke Gerturde F. Disney 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ABORANTO. Md.	רכלול
within 24 xaminers xaminers File pages 72 hours	(Yes, Do, of Jakragwa) (If yes gove wor or dates of service) 213 10 7368 Raymond Clarke, Jr. 912 "B" Ashbrid	
517× 7		APPROXIMATE INTERVAL
be executed "pending" in net Medical Insit permit. Pevent within	IB. CAUSE OF DEATH (Effer only one couse per line for (d), (b), and (c).) PART I DEATH WAS CAUSED BY	WEEN ONSET AND DEATH
ding ding leding	IMMCDIATE CAUSE (a) Arteriosclerotic cardiovascular disease	
d be executed the following transit permit.	Conditions, if ony, which gave)	
Chi ch	nse to immediate cause (a), (b)	
shauld be executed ne word "pending" in ia the Chief Medical P burial-transit permit. P I in any event within	lost.	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is certificate to, writing the farwarded to e used as a b		
certif , writi grwan used moval	19a. DATE OF OPERATION 19b. COND.TION FOR WHICH OPERAT ON WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of joyary in Part 3 or Part 2 Heart 18.)). AUTOPSY?
his ce farre farr	일 WAS PERFORMED?	YES PARMIAT
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o DEPUTY DIC. necessary, please ethe funeral director 5 may be retained 0 FUNERAL DIRECT Health prior to bu	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
necessary, please the funeral directions may be retaine to FUNERAL DIRECTION Health prior to be	23d BURIA., (REMATION 23d DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County)	(State)
-	Britial 4/25/69 Parkwood Cemetery Baltimore Co., Md.	
06	24 FUNERAD D. RECTOR 250. REGISTRAR 25b. REGISTRAR 5 SIGNATUI	
VR A15ME (\$) 1	Bruzdzinski Funeral April 1407 Eastern Ave. DAAPR 2 5 1969 Clowler &	us gr



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04983 04975 CERTIFICATE OF DEATH DECEASED-NAME First Lost Middle death. 20 DATE OF DEATH after death 2b. HOUR uneral 1 and (Type or print) Bennett Busseu Cockey 3 SEX 4. RACE S. DATE OF BIRTH F JNDER I YEAR IF UNDER 24 HRS. lost birthdoy) MONTHS. white May 21, 1901 male hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Md . U.S. Baltimor e DIVORCED PC WIDOWED [24 burial, cremation, ar remayal, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTRUCTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12b KIND OF BUSINESS OR SPRING GROVE ST. TE HOSP. Temave carban during most of working life, even if retired) Catonsville General Law campletely 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY EMMITS? 13e STREET AND NUMBER odmission) STATE 3b COUNTY Beaver Dam Road Balto. Cockevsville NO. 14. FATHER'S NAME Josha F. Cockey III tost 15 MOTHER'S MAIDEN NAME FIRST Middle Lost Anna Bussey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Records SPRING GROVE STATE HOSPITAL 218-1-0-8036 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bruncko brumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immed ote couse (o). signed by burial-trans DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b Health priar tab TO FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME EARM, STREET FACTORY) 21f. LOCATION Street of R.F.D. No. City or Town County Stote While Not while 22a. I certify that (IX this haspital) attended the deceased from March 20, 1968 saw the deceased alive an Africa 1960, and that in (my) (our) apinian death accurred on the date and haur and fram the 4 may be retained director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did hat) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Baltimore. Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23o BURIAL, CREMATION, 23b, DATE 23d LOCAT ON (City or Town) (County) (Stote) Burial Specify) Sherwood (hurch (emetery John Burns' Sons, Towson, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04984 CERTIFICATE OF DEATH 04976 I DECEASED-NAME First Middle last 2g. DATE OF DEATH 2b. HOUR Nicholas L. Month 27 Doy 69Year (Type or print) Joseph Colantonio 9am S. DATE OF BIRTH 6. AGE (In years less birthday) 4 RACE JE UNDER 1 YEAR JE LINDER 24 HRS White 8=9-10 Male law requires that the death certificate be exercised within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Penna Baltimore County U.S. WIDOWED T DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during protocycotkies the peven if retired.) 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Balt. Co. Gen. Hospital INDUSTRILDING Randallstown 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. BATT WORE 13d INSIDE CITY UM 15? 13e. STREET AND NUMBER 21215 odmission) STATE Md V3b (OUN XXXXXIII ACCUMENTATION OF A COUNTY OF or removal, and in any 15. MOTHER S MAIDEN NAME First 14 FATHER'S NAME Middle PAUL Colantonio MARIA Ambbile Basciano Frank 17 INFORMANT 16b. SOCIAL SECURITY NO Address 16g WAS DECEASED EVER IN ... S. ARMED FORCES? Yes, ng, ar unknawn) 217 07 6863 Baltimore County General Hospital 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY buriol-tronsit permit IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Candit ons, if any, which gave) rise to Immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Cranio carebral trans -19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20o AUTOPSY? CAUSES OF DEATH? YES 🗀 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) (If either, not by medical examiner) /0 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street of R.F.D. No 21d INLURY OCCURRED City or Tawn County While Not while of work Improvem 22q (certify that (1) (this hospital) attended the deceosed from 3/6/69 , 19 , to 4/21 , 19/69 , that (1) (we) lost saw the deceosed olive on 4/20 , 19/69 , and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the bady after death. O FUNERAL DIRECTOR: 27b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. OEGREE 220 ADDRESS PAUL ST 22d PHYSICIAN S NAME (Type) WEINER 23d 10CATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE (County) (State) Holy Redeemer Cemetery Baltimore, Maryland 25 APR 69 25g. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR CICKTATORDATAPR 2 8 1969 Milanelas Jas



Demil Filmclil 1, 1/16/69 Re CERTIFICATE OF DEATH 20. Date of Dath 10. Date of Dath 10. Date of Dath 10. Date of Dath 20. Date of
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Make . Sept 13,1909 55 To SIRRIPACE (Slote or foreign country) Md. Sept. 12 Sirripace of decision of the sirripace of decision state of the sirripace of decision state or foreign country may be sept. To Sirripace or foreign country in state of the sirripace or foreign country in state or
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130 JSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13b. CUNTY Balto. 130 JSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13b. CUNTY Balto. 130 JSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13b. CUNTY Balto. 130 JSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13b. CUNTY Balto. 14 FATHER S NAME First Middle Lost 15 MOTHERS Mailben Name First Middle Lost 15 MOTHERS Mailben Name First 16b. SOCIAL SECURITY NO. 17 Informant Address Yes, No. or unknown) (first sym wor or deter of saving) 192–10—8698 Margaret LColeman. 3 Delicrest Garth. 18. CAUSE OF DEATH (Enter only one couse per me for (p), (b), ond sts) 192–10—8698 Margaret LColeman. 3 Delicrest Garth. 18. CAUSE OF DEATH (Enter only one couse per me for (p), (b), ond sts) 192–10—8698 Margaret LColeman. 3 Delicrest Garth. 18. CAUSE OF DEATH (Enter only one couse per me for (p), (b), ond sts) 192–10—8698 Margaret LColeman. 3 Delicrest Garth. 18. CAUSE OF DEATH (Enter only one couse per me for (p), (b), ond sts) 192–10—8698 Margaret LColeman. 3 Delicrest Garth. 19. Conditions, if bny, which gave in the original periods of the underlying couse (c), storing the underlying couse (lost). 19. Conditions, if bny, which gave in the underlying couse (c). 19. Conditions, if bny, which gave in the underlying couse (c). 19. Conditions, if bny, which gave in the underlying couse (c). 19. Conditions, if bny, which gave in the underlying couse (c). 19. Conditions, if bny, which gave in the underlying couse (c). 19. Conditions, if bny, which gave in the underlying couse (c). 19. Conditions, if bny, which gave in the underlying couse (c). 19. Conditions, if bny, which gave in the underlying couse (c). 19. Conditions, if bny, which gave in the underlying couse (c). 19. Conditions, if bny, which gave in the underlying couse (c). 19. Conditions in the underlying couse (c). 19. Conditions in the underlying couse (c). 19. Conditions in the underlying couse (c)
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160. WAS DECEASED FUER IN U.S. ARRED FORCES? Yes, no, or unknown) 164 yes yer were or delete of service) 165. SOCIAL SECURITY NO. 17 INFORMANT Address 187.
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210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 21d INJURY OCCURRED Center nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 21d INJURY OCCURRED Center nature of injury in Part 1 or Part 2, Item 18.) 21d INJURY OCCURRED County County
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22a. I certify that (I) (this hospital) attended the deceased from, 19.60., to, 19.69., that (I) (we) lost
saw the deceosed alive an
22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 1226. ADDRESS TO 2226. PHYSICIAN S
THE ENDRESS E. Chase Street 22d. PHYSICIAN'S NAME (Type) Francis T. Daly, M.D. 22e. ADDRESS E. Chase Street
23a. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
REMOVAL (Specify) Burial April 9,1969 Dulaney ValleyMem Gardens Balto Co VR A15 (4) 30M REV/ VAR D Paul E-Chenoweth Jr 3615 Chestrut Ave

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1 00000		D STATE DEPARTMENT OF 301 W. PRESTON STREET, BALI		
04986		ERTIFICATE OF DEATH	049	78
1 DECEASED NAME First (Type or pnnt) ARTHU	Middle R BERNARD	Lost COMBS	20. DATE OF DEATH April Month 14 Day	1969 7:25 M
3. SEX Male	4. RACE Negro	5. DATE OF BIRTH 9/12/1894	6 AGE (In years fort b rihday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
(nuntry)	b. CIT ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH Baltimore	
Maryland 10 CHY OR TOWN OF DEATH Fort Howard 13a USUA. RESIDENCE (Where deceased	U.S.A. in NAME OF HOSPITALOR INS give street address) Administrati	on Hospital El	L AL OCCUPATION (Kind of wark dane last of warking life, even if refired) Evator Operator	Md. 12b. KIND OF BUSINESS OR INDUSTRY
odmission) STATE Maryland	186 COUNTY	Baltimore YES X N	□ 5231 Denmor	e Avenue
14 FATHER'S NAME First William	M.ddle Last Combs	IS MOTHER'S MAIDEN NAME		Smith
16a. WAS DECEASED EVER IN U.S. ARMED Yes no or unknown) Yes no or unknown) WW -1	FORCES? 166 SOCIAL SECURITY N	O 17 INFORMANT	Address VA Hospital, For	
18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED B IMMEDIATE Conditions, if only, which gave rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	PHROSCLEROS IS ARTERIOSCLEROS IS		APPROXIMATE INTEVAL BETWEEN CHAST AND DEATH
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While Not while at work	ACE OF INJURY (AT HOME, FARM, STREET, FAC			County State
sow the deceased aliv couses stated above, (hospital) attended the decease e on <u>April 14</u> II (we) (did) (MAX) view the b	d from Feb. 25 , 19 7 69 , and that in (my) (our) op ody ofter death.	inion deoth occurred on the do	ote and hour and from the
22b SIGNATURE	Must me	DEGREE PHYS 122e ADDRESS	MED STAFF IN 2224	P/14769
NAME (Type) J.D. TA	ALBERT, M.D.	Q VA Hospita	1, Fort Howard, M	
23a. BURIAL, CREMATION, 23b-OAI	ulis /69 WBaltin	more National	23d LOCATION (City or Town) Baltimore, Mary	(County) (State)
24 FUNERAL DIRECTOR	1 1 50 QRESKT	. Caroline Sesapp	2 POS 256 PSG/STRARS	SIGNATURE

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		5/5/69 kk 045	DIVISION OF VITAL RECORDS, 387	ERTIFICATE OF DEATH		04973
£		ECEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
death	L	Туре or print) . Obi	ver Charl	es Conn	Month 1 Day	24 Yeor 699:20 MM
9	3 5	EX	4 RACE	S. DATE OF BIRTH	6 AGE (In years	F JNDER I YEAR IF UNDER 24 HRS
	L	Male	White	7-21-81	last birthooy	MONTHS DAYS HOURS MIN
		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED 🔀 NEVER MARRIED 🗌	9 COUNTY OF DEATH	
		Baltimore	U.S.A.	WIDOWED DIVORCED	Baltimore	Md
,	10 (CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	TUTION (If not in haspital 12a. US	UAL DEEDPATION (Kind of work dane	126 KIND OF BUSINESS OR
		Randailston	in BO	GH Ret	most of wark ng life, even if retired) Steel Worker — A LIMITS? 13e STREET AND NUMBER	Armco Steel
	13a adm	USUAL RES. DENCE (Where decease issian) STATE	d ived, if institution: Residence before			
		Md.	DH TUTINO	e Balto. YES		erstown Rd.
F	14.	FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME	First Middle	Last
	1/	John Conn		Elizabeth		
	16a. Y	es, na arunknawn) (Hyas give wor	D FORCES? 16b SOCIAL SECURITY NO 218-03-773	2 THERMAN	Address	21215
				F1/1/24beth Con	n(Schmidt) 5013 Re	APPROXIMATE INTERVAL
		PART + DEATH WAS CAUSED	one cause per line for (a), (b), and (c),)	E Coronary	The mulosia	BETWEEN ONSET AND DEATH
		IMMEDIAT	E CAUSE (a)	2 coronary	70107100001	Immediale
		Conditions, if only, which gove	DUE TO, OR AS A CONSEQUENCE OF	2 1/ N		
	1	rise to 1m mediate cause (o).	(b)			
		stating the underlying cause last.	(a)			
		PART 2 OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
				The second of th	tollering situation (a)	
	CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	ORMED 200 AUTOPSY?	206. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	IEE			YES NO	CAUSES OF DEATH?	
1		21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Part 2, 1	tem 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 19			
	M	21d INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM, STREET, FACE) OFFICE BUILDING, ETC	ORY) 21f. LOCATION Street or R.F.D. N	a. City or Town	Caunty State
		While Not while at work		1 1		
		22a. I certify that (I) (this	hospital) attended the deceased	from - 10/3-167, 19.	67, to 4/24/6019	69, that (i) (we) last
		saw the deceased of causes stated above.	(I) (we) (did) (did nat) view the b	sez,, and that in (my) (our) a odv after death.	pinian death accurred on the dat	te and havr and tram the
		22b SIGNATURE	0 1		22c [DATE SIGNED
		Julus C.	Gluck, M.L	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	
1		22d PHYSICIAN'S		226 ADDRESS		223 03035
/		NAME (Type) Juliu:	s C. Gluck, M.D	• 5356	Reisterstown R	oad 21215
	23o.	BURIAL, CREMATION, 236 DA		METERY OR (REMATORY	23d LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) FUNERAL DIRECTOR		re Cemetery	Baltimore Maryl	
1			ADDRESS		BY REGISTRAR 25b. REGISTRAR 5	SIGNATURE
1	LTK	urrig paers cus	pel 8728 Liberty R	DATE AP	R 2 8 1969 gala	مراقص المراق





.1/					ND STATE DEPAKTMENT OF		
14	1		04989	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	010=
/			UTUUU		CERTIFICATE OF DEATH		04991
	and the second	_					
± f	▼□差		CEASED-NAME First		last	20. DATE OF DEATH	2b. HOUR
20	THE S	l ''	ype or print)	HEL	CONWAY	An Month Da	10 69 3 70 M
- 24	55,2	3. SI		4. RACE	5. DATE OF BIRTH	6 AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
± 0	es H				1 1	1 and bring A. A.	MONTHS DAYS HOURS MIN.
N O	the ages rs aff		EMALE	NEGRO	5/5/20	70	
and the same of th	2 2		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED TO NEVER MARK, ED T	9. COUNTY OF DEATH	
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the bospital or attending physician.	and campletely filled in by the remove carbain papers. Pagin anyevent, within 72 hours	נמטי	BALTIMORE	U.S.A.	WIDOWED DIVORCED	Baltimore Cou	nty. Md
24	ap ap	10	ITY OR TOWN OF DEATH	111 NAME OF HOSPITAL OF		SUAL OCCUPATION (Kind of work dane	12b KIND OF BUSINESS OR
· <u>=</u>	重点			give street oddress)	durina	reast of work no ife even if retired.)	INDUSTRY
₹	γ)ς wi	Me	ount Wilson	give street oddress) Mt. Wilson	St. Hosp.	most of working le even if retired.)	
-0	art art	13a	USUAL RESIDENCE (Where deced	osed lived/if institution: Residence before	13t CITY OR TOWN 13d. INSIDE CI	TLUMITS? 13e. STREET AND NUMBER	
of e	E 3 7 1	odm	STATE AND	(3b/ COUNTY	BALTIMORE YES	NO 331 W. F	LUCATEST
9 /	5 5		ATHER'S NAME First	Middle Lost			AJEHE SI
e (36 9	14. 1			IS. MOTHER'S MAIDEN NAME	E FIRST MUDDLE	1057
<u>8</u>	Care 1		JOSEP	H PEACE	5	-	
9	sicion and campletely ledge remove carbon, and nagay event, with		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECURIT	Y NO. 17 INFORMANT	Address	
٤		1	es, no, or unknown) (If yes give	war or dates of service)	Records, Mt.	. Wilson State	Hospital
E	signed by the attending physician signed by the please burial transit permit. Then please burial, crematian, or remayal, and h	-					APPROXIMATE INTERVAL
8	giff E	1	18. CAUSE OF DEATH (Enter o	only one cause per line for (o) (b), and (11 1	BETWEEN ONSET AND DEATH
=======================================	ig if ig		PART I DEATH WAS CAUSE	ED BY PLATE CAUSE (a) 4 an adva	ancol tulmon any	Interculoses	
d e	then the control of t		0112	DUE TO, OR AS A CONSEQUENCE O			
٩	p a di		Conditions, if any, which gave		· /		
=	the usit p mati	ı	rise ta immediate cause (a),	(b)		<u> </u>	
£ =	ج الم	1	stoting the underlying couse		F		
Sa	교		last.	(c)			
equires th	signed by the burial, cremati	ı	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PART 1(a)	
764			1100-1	- 10 1001	1 + 4	0.0 -)	
≥ ≧	the arr to	8	Hefren	a frontpresency			CALCULATION AND ACCURATION
20 70	as bee as th priart	CERTIFICATION	190 DATE OF OPERATION 196	. CONDITION FORWALICH OPERATION WAS		206 IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFTING
- P- +	Per V	匾		V	YES NO	CAUSES OF DUARTY	
<u>.</u> .	ficate hor use Health	Į,ĕ	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (E	nter noture of injury in Port 1 or Port 2,	Item 18.)
A -	, <u>2</u>	K	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Day Yes			,
	## # # # # # # # # # # # # # # # # # #	MEDICAR	(If either, notify medical exam	niner) P.M.	19		
¥ so	his ce Dept.	₹	21d. INJURY OCCURRED 21d	a. PLACE OF INJURY (AT HOME, FARM, STREET,	FACTORY.) 21f LOCATION Street or R.F.D.	No. City or Town	County State
<u> </u>	· 表 8 g / /		While Not while ot work	,	0 0	. 4 . 1	
OR ATTENDING PHYSICIAN: The law re	CTOR: After this certissensish the State Dept. of	1	22a Leartify that (1) (t	his hasnitall attended the decer	sed from // arch/9/19	69 to Usre 9 19	69 that (I) (we) last
a	音92(//	1	snw the decensed	glive on april 9	ised from	uninian death acturred on the de	ate and haur and from the
E E	## *		rauses stated above	ve, (I) (we) (did) (did not) view th	e body after death.	apinian adam accords on the ac	
	RAL DIRECTOR: page 3 shauld be filed with the		22b. SIGNATURE	0) (1) (110) (010) (010)		27c	DATE SIGNED
2 2	%i s		ZZD. SIGNATURE	Ma. Pin.	ATTENDING	MED. STAFF	
98 P	ed ed	1	12	1 UNINEL	DEGREE PHYS.	DIRECTOR PHYS.	
		ı	22d PHYSICIAN'S		22e ADDRESS		
= =	3 - a	1	NAME (Type) Will	liam Newcomer,	M.D. Mount	Wilson, Marylan	d
TO HOSP(TAL	To Sure the state of the state	230	BURIAL, CREMATION, 23b,	DATE 23c NAME C	F CEMETERY OR CREMATORY	23d_LOCAJION (City or Town)	(County) ((State)
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24	2		au 1//	1/6/	I V II I	D BY REGISTRAR 2Sb. REGISTRAR'S	SICHATUDE
	30M REV. 1 68	24.	FUNERAL DIRECTOR	ADDRE	1 00 11		
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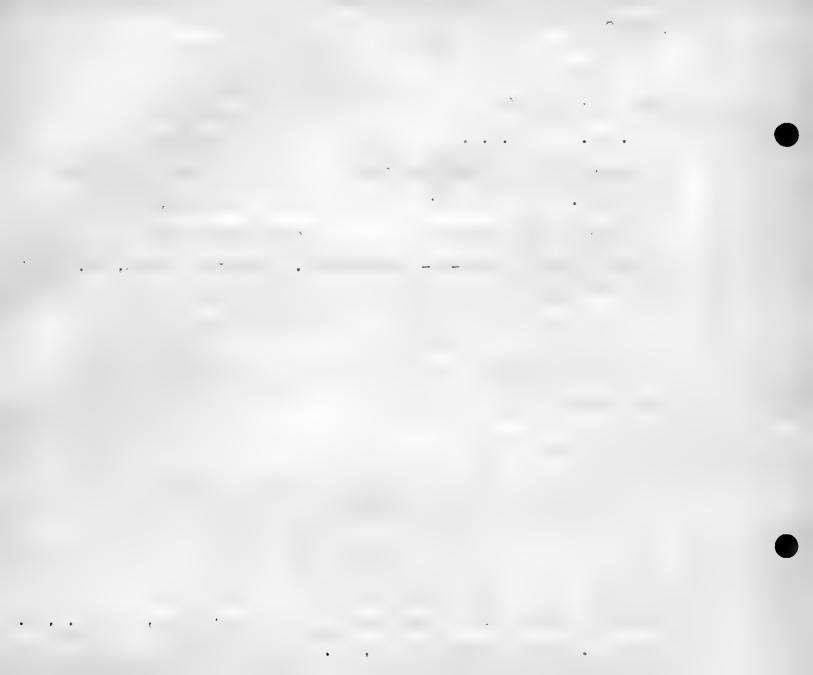
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EOD STATE	5/6/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15/6/69 kk 15/6/69 kk 15/6/69 kk	04988
HEALTH DEDT	1. DECEASED NAME First Middle Lost 20 DATE KNOWN A MONTH DE	Year 2b. belle
NO DE I	(Type or Print) EDWARD JAMES CORKRAN OF EST. DEATH MATED FIDTI	1-2/10
2	3 SEX 4 RACE S DATE OF BIRTH 6. AGE ITO MOOTS IF UNDER 1 YEAR 16 UNDER 24 HRS 20 DATE PROMOTINGED DEAD	2d HORD
P E E	male white 6 Oct. 1909 lost birm for MONTHS OAYS HOURS MAN MONTHS Day	7 Year 1969 72 M
S 1, 2, Propose Depos	70 BIRTHPLACE (Stote or foreign country) 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF STATH WIDOWED DIVORCED Baltimore	MA.
ofter deoth 8. Give Pages olong with far with the State		b KIND OF BUSINESS OR DUSTRY LATTIN CO.
s ofter 18. Giv e olong Vorth t	130 USUAL RES DENCE (Where deceosed lived, finst-fiction Residence before 13c. CITY OR TOWN odmiss on) STATE 13b. COUNTY 13b. COUNTY PASSIBLE NO RESIDENCE (Where deceosed lived, finst-fiction Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY PASSIBLE NO RESIDENCE NO RESIDE	LL 02/7 000
24 hours in Item 11 ris Office es land?	14 FATHER'S NAME (Unknown) Middle Lost Lost Lena Munchow	£0\$†
within 24 pencil in xominer's ile pages 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 218-25-6335 Leona Corkran - Wife	
ward "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with farm rial-transit permit File pages 1 and 2 with the State Day any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one couse per the for (b), (b) and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
uld be executed and "pending" in the Chief Medicol E pl-tronsit permit Fany, event within	Conditions, if ony, which gove) nse to immediate couse (a), (b)	
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ifficate iting the arded to dos a b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)	
This certific ficote, writing be forwarded of the used	190. DATE OF OPERATION 190. COND.TION FOR WHICH OPERATION WAS PERFORMED? 2 a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	20 AUTOPSY? YES NO
	PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	
(AMIN e the e 4 sh rour fi oge 3 crema	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e P.ACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R.F.D. No City or Yown	County State
TO DEPUTY DICAL EXA necessory, please execute the funeral director. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page Health prior to buriol, cre	22a. I certify that I taak charge of the remains described abave, held an Autopsy, Inspection, Inquiry, death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined monner	and in my opinion
DEPUTY tessory, plie e funerol d may be ret FUNERAL D colth prior	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE MG EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO SERVE MG	3/69
O DEPUTY The funero S may be O FUNERA Heolth pr	NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city town, or county) 230 BURIAL, (REMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (Stote)
þ	Burgal 5 May 1969 Glen Haven Memorial PK. Glen Burnie	Md.
VR ATSME (SI	Singleton Funeral Home/Elen Burnie, Md. 256 REC D BY REGISTRAN 256 REG STRARS SIG	
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		04993 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4985
HEALTH DEPT.		DECEASED NAME First Middle Last 2a. DATE KNOWN Manth D	Day Year 2b HOUR
of ge	1	Type or Print) PAUL LORN CRAWFORD DEATH MATED 4/23	1969 7 30 M
lay is 13 to Poge ent of	3. 5	EX 4. RACE S DATE OF BIRTH 6. AGE (in years 1. F UNDER 1 YEAR 1F UNDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d HOUR
delay and 3 M3. Po	1	Male White 3/9/1910 59 YRS MONTHS DAYS HOURS MIN Month 16/23/69 Day	Year 19 M
E N' A		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Z E Z	COUF	W. Va. U.S.A. WIDOWED DIVORCED Baltimore	Md
oge oge th fa	10.4	CITY OF TOURS OF PETTS	RE KIND OF BUSINESS OR
after death 8. Give Pagalong with with the Sta	1	Monkton give street oddress) Road during mast of working ife even if retired) IN	Tree
fter Ong ong	13a		1100
s after 18. Gr. along	0	ddmission) STATE Md. 13b. COUNTY Harford Street YES NO X Jerry Road	
hours after death Item 18. Give Poges 1, Office along with form I and 2 with the State De		FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
	1	Mack Lorn Crawford Lora Smallridge	
hin 24 nrdl_in rdmexis pages hears	lóa	WAS DECEASED EVER IN L. S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS D.TO.	#1
within pencil xontine xontine rite page	(1	(es, ng. ar unknawn) (if yes gree war or darks of service) (220-01-5448 Velva M. Crawford Street.	
	Г	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
be executed "pending" in nief Medical E onsit permit. F event within		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Corpray Octhory	STATES ONSE AND DEATH
ve execute pending ef Medica risit permitivent with		DUE TO, DR AS A CONSEQUENCE OF	
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nould ward the Ch riol-tro		rise to immediate cause (a), (b) stating the underlying cause { DUE TO, OR AS A CONSEQUENCE OF	
should be end word "perion the Chief of the Chief buriol-transit I in ony ever		last (c)	
te st the d to d o b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate cote, writing the be forwarded to be used as a bur removal, and	=		
certi; writh orwal orwal used imova	CATIO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
this in the form	CERTIFICATION		YES NO Z
		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern	18)
INER: 1 e certific should b files. 3 should	EDICAL	CAUSE OF DEATH P.M. 19	
EXAMINER: cute the cert oge 4 should ryour files. Page 3 should tremofiles.		21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, while will be a street of R.F.D. No. City or Town factory, affice building, etc.)	County State
DEPUTY DICAL EXAM scessary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to buriof, crem		WHILE AT WORK AT WORK CONTROL TO THE AT WORK AT WORK CONTROL TO THE	
Kect. Po for riof,		220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry,	ond in my opinion
bical se exe sctor. F ned fo ECTOR		death resulted fram: Natural causes 🖳 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌	
please (I directo retoined I DIRECTO ior to bu		CHIEF MEDICAL EXAMINER	
ny, plend of perol of prior		SIGNATURE . M. + rance M.D. ASSISTANT MEDICAL EXAMINER . 226 DATE SH	GNED // -
San San J		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	3/69
o DEPUTY DICAL EXAMINER: necessory, please execute the certrithe funeral director. Page 4 should 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should Health prior to buriof, cremotion,		NAME (Type) TIP RIFNCE ADDRESS(Street, city, town, or county)	
5 g t v 5 T	230	REMOVAL (Specify)	Caunty) (State)
		dimini 18/28/3060 Poole Core Poole Core Ilma	hur.W.Va.
VR A15ME (5)		FUNERAL DIRECTOR ADDRESS 21084 250 REC D BY REGISTRAR 250 RECHEARS SUPPLY AND ALEAP R 2 8 1969	Judge
VK A (5ME (5) 10M REV 1768	Cl	narles E. Kurtz Jarrettsville. Md. DAIEAPR 2 8 1969	0

MARYLAND STATE DEPARTMENT OF HEALTH

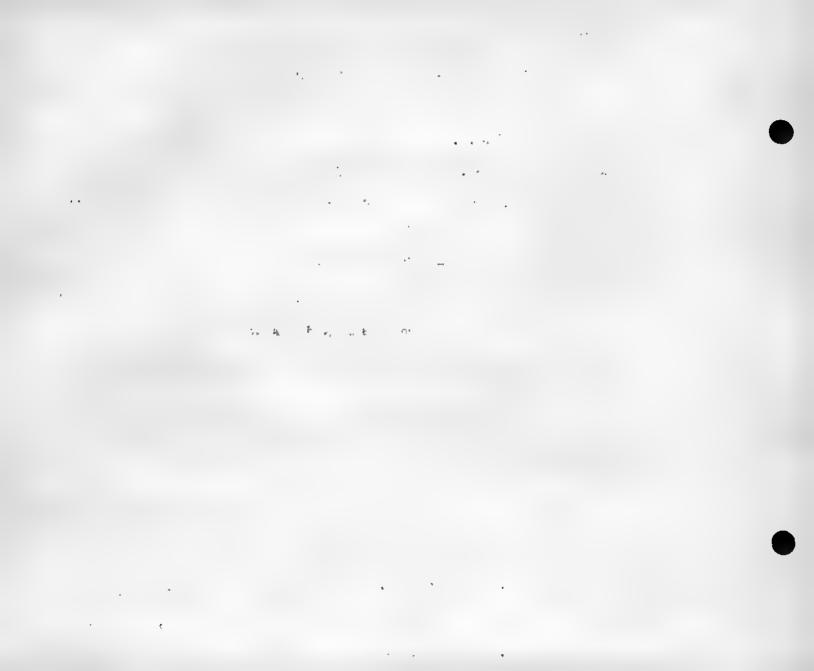


	1			D STATE DEPARTMENT OF		
14		04994		301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		04986
haurs after death E by the funeral Pages 1 and 2 hours after death		ECEASED-NAME First Type or print) FRANK	M.ddle WILLIAM	lost CRIST	2a. DATE OF DEATH Menth Day April 18	Year 25 Halls AM
urs after death	3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR
s o s o s o s o s o s o s o s o s o s o		Male	White	9-21-11	57 YRS.	manang water management
in 24 haurs filled by papers Pour him 77 hour		BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 Mark		Maryland	USA	WIDOWED DIVORCED	Baltimon	
within ely fille ban po within		Towson	give steet address) St. Joseph	TITUTION (If not in haspital l2a. US during	UAL OCCUPATION (Kind of work dane most of working ife, even if retired.) Bethlehem Steel	12b. KIND OF BUSINESS OR INDUSTRY LERK
cuted amplet ve carl	13a. adm	USUAL RESIDENCE (Where deceas Issian) STATE Maryland	ed Irved, if institution. Residence before 13b. COUNTY	13c. CITY OR TOWN 13d THISTOE CITY	LIMITS? 13e STREET AND NUMBER	wood Ave.21206
and co	14.	FATHER'S NAME First Martin	Middle Last J. (rist	IS. MOTHER'S MAIDEN NAME	First Middle	Last
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then, please remove carbon pages. Pages 1 and 2 should be filled with the State Dept of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death	16a	WAS DECEASED EVER IN U.S. ARA		NO. 17 INFORMANT	Address Address Address	od A enue
G D D D D D D D D D D D D D D D D D D D		1B. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the or the cation artic		Canditians, if any, which gave		ardial Infarct		
hat n. yy th ans		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	CT CONTRACTOR TO THE CALL OF T		
es t sicio ed b ed b ll-tr		lost.	(c)			
sign phy: sign buric		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
w re ling sen the r to	픙					
e for tend is be	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
F to H so H	EE	Di ACCIDENT MAS INNESTRA	A 1	YES NO	<u> </u>	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept of Health prior to burial, cre	MEDICAL C	21 a. ACCIDENT WAS UNDERLYIN or contributing cause of Deat (If either, natify medical examin	HOUR A.M. Manth Day Year ner) P.M. 19	}	ter nature of injury in Part 1 or Part 2,	Item 18.)
pHYS the hos this ce detache e Dept	2	at work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			County State
IN Day 1		22o. I certify that (I) (th	is hospital) ottended the decease live an April 18	ed from April 6 , 19	69 , to April 18, 19,	69, that (I) (we) lost
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be of should be filed with the State		causes stated above	(I) (we) (did) (did not) view the	9으로, and that in (my) (our) a body after death.		
R A A SECTION IN WITH IN WITH		22b. SIGNATURE	1	— DEGREE PHYS	MACD CTAFF	DATE SIGNED -18-69
o the o		22d. PHYSICIAN'S	again.	DEGREE PHYS. L.J.	DIRECTOR L PHYS. 4	-10-09
ro Hospitat Page 4 may To Funerat I director, pag should be fil		NAME (Type) DRIL AR	TEMIO VILLAVANIA,		ck Rd., Towson, Md	21204
HOS ge 4 FUN FUN	23a	BURIA., CREMATION, 23b. I	DATE 23c. NAME OF	CEMETERY OF CREMATORY	23d LOCATION (City or Town)	(County) (State)
07 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °		REMOVAL (Specify) Durial	1-21-69 Holu	Redeemer Cemetery	Baltimore M.	ruland
VR A15	24	FUNERAL DIRECTOR	ADDRESS	250. REE	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
30M REV. 1/68		ohn (. Miller.	Inc-0415 Belair Ro	acl Date	1 10 10 10 10 10 10 10 10 10 10 10 10 10	A Mark



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b			04995	DIVISION OF V					E, MARYLAND 21:	201		
			11.6000		C	ERTIFIC	ATE OF D	EATH			0498	17
를 _	ad 2 lath.		CEASED NAME First		Middle		Last	20.	DATE OF DEATH			2b HOUR T
ir deat	and	,	ype ar print) DO	RIS I	MA X CT	JRRY			4 Manth 24	1 Day	69 Year	6:35
- e		3 5!		4 RACE			S. DATE OF BIRTH		6 AGE (in you	ots		F JNOER 24 HRS
exercited within 24 haurs after death cambletely filled in by the funeral	2 2		EMALE		CAUCASIA	N	7-	14-24	lost birthday	YRS. M		HOURS MIN
by dur	300	7a, I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED (NEVER MARRIEI	9 (0)	JNTY OF DEATH			
4 5 pi	pers 72	Cusi	Penna.	U.S.A.		WIDOWED [DIVORCED		BALTIMO	RE		Md
hin 24	n pa ithin	10. (ITY OR TOWN OF DEATH	11. NAMI	E OF HOSPITAL OR INST et address)			during most of	UPATION (Kind of work working life, even if re		126, KIND OF BU	SINESS OR
wit tely	pq.		BALTIMORE	l GR	CAT BALT	MED	. CENTR			,	HIDOJIKI	
uted	bunal, crematian, or removal, and in any event, within 72 hat	adm	LSJAL RESIDENCE (Where deceasession) STATE Maryland	ed lived, it institution 13b. COUNTY Balt.i	. Res dence before	13c. CITY OR 21234		INSIDE CITY LIM 15?	13e STREET AND NUM		1 5	
20 00	원 /		ATHER S NAME First	Middle	Last		MOTHER S MA DE		8604 Wills		K Road	
	n a	1	- ,,,-,	Mildale		13.	MOTHER 3 MAIDE			ddle	4.5.	Last
(Ja) 5	gse nd	360	John WAS DECEASED EVER IN U.S. ARA	AED EODCESS 114	Brady B SOCIAL SECURITY N	0 117 0	IFORMANT	Cleo	M.		illmore	
E S	£ 3	Y		or or dates of service)				a		dress		
erti.	₩ 9	-			18 12 397	4 0.	lyde E.	Curry (3604 Willow	Uak	ROAD APPROX MAT	C WEEDING
å ië	E E		1B. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE)	N DIL							BETWEEN ONSE	T AND DEATH
Jeal	mit.		IPT/// IMMEDIA	ATE CAUSE (a) SEC	CONDARY	CARC:	INOMA TO	SIS			TWO	DAYS
at at	perian		1.14.	DUE TO, OR AS A	CONSEQUENCE OF							
± ‡	nat		Canditians, if any, which gave) use to immediate cause (a),	(b) <u>C7</u>	ARCINOMA	OF I	BREAST/	RIGHT				
tha by an	rar		stating the underlying cause	DUE TO, OR AS /	CONSEQUENCE OF							
equires (physicia	1 pg		last.	(c)								
n physical sign	bur		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTIN	G TO DEATH BUT NO	T RELATED TO	THE TERMINAL DE	SEASE OR CONDITI	ON GIVEN IN PART 1(a)			
w r Jing	r ta	NO										
e da tenc	as	S	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY1		20b. IF YES, WERE FINI CAUSES OF DEATH?	DINGS CON	ISIDERED IN CERT	IFYING
F F F	± t	CERTIFICATION					YES [ио □Х				
AR.	de l		21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		IJURY Manth Dav Year	21c. HO	W INJURY OCCURR	RED (Enter natur	e of injury in Part I ar I	Part 2 Ite	m 18.)	
2 5 % % % % % % % % % % % % % % % % % % %	of f	MEDICAL	(If either, natify medical exami	ner) P.M.	19							
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician at	director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta	*	21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTO FICE BUILDING, ETC	DRY) 21f LO	CATION Street ar	R F.D. Na.	City ar Tawn		Caunty	State
NG + AG	ate a			s hospital) attend	led the decensor	-l from	4-8	., 19 69 .	to4-24	10	69, that (1	te () land
A P	d b		22o. I certify that (*) (the saw the deceased a	ive on4	-24 19	_69and	thot in (my) (our) opinion	death occurred on t	the date	and hour on	of from the
Si iie	들는		causes stated abave	,)((dɪd)) (we) (dɪd)	view the b מאַאַנוֹל	ady after d	eath AA	, ,				
E PE PE	3 sh wiff		22b. SIGNATURE				ATTENDING	MED MED	CYAFF		TE SIGNED	
OR be r	ed 3		W	17-Jul	<u> </u>	DEGRE	E PHYS	DIRECTO	R D STAFF CX	4-2	24-69	
TAL At	e E		22d. PHYSICIAN'S NAME (Type) TAT TOT				22e. ADDRESS	5				
SPI 4 m	ld b		MII	LIAM YEF	I,M.D.							
TO HOSPITAL (Page 4 may b	rect	23 a.	BURIAL, CREMATION, 23b. I	DATE	23c NAME OF C	EMETERY OR	REMATORY	23d.	LOCATION (C ty ar Tawr	1)	(Caunty)	(State)
5 2 5	d.		REMOVAL (Spec fy) Burial 4	-28-69	Park	wood (Cemeterv		Baltimore	Coun	ty Mary	lend
	ALTEN A		UNERAL DIRECTOR		ADDRESS		250	REC'D BY REG	STRAR 256 REG.S	STRAR'S SIG	GNATURE	
4.5	SM - YEAR	W	illiam E. John	son 8521	Loch Rave	n Blv	d. DA	MAY 1	1969 /	iones	a June	• '





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FOR STATE	t\Ţ	1/69 kk 1290	7 500	-	ESTON STREET, BAI 'S CERTIFICATI		LAND ZIZVI	01000	
HEALTH DEPT.	1 DI	ECEASED-NAME	Fast .	Middle			20 DATE KNOWN Manth	04989 Doy Year	2b HOUR
is to of of			RBARA	L.	DA I		OF ESTI-		8:45
2, and 3 1 PM3. Pog	3 SE	emale 4. RACE Whi	ite S DATE OF BIRT	6. AGE lost by	thdoy) MONTHS DAYS	HOURS MIN.	2c DATE PRONOUNCED DEAD Month Aprilpy, 3	, Yeor 19 69	2d Hour 8:45
S. L. 2.	7o E	BIRTHPLACE (State or foreign fry) Penna.	75 CITIZEN OF WHA	COUNTRY? 8	MARRIED NEVER N	VORCED 7. CO	JNTY OF DEATH Baltimor	e	Mri
deoth Page with fi	1	ITY OR TOWN OF DEATH	II. NAI	eet address)	Mursing Hom	during most o	CCUPATION (Kind of work done f working ite, even if retired.)	126 KIND OF BUSH	NESS OR
bours ofter deoth ony deloy len 18. Give Pages 1, 2, and 3 Sifte along with form PM3. Po and 2 with the State Department offer deoth.	13a	USUAŁ RESIDENCE (Where do	eceosed lived, if instituti	on. Res dence, hetpre	3 Cly of low and Catoney 1/1/16	e Nurs 13d ins.de city Lim 15? YES NO	Ise STREET AND NUMBER 17	Hospital Frederi & Edmonde	ck Av
Caffer Cours	14 F	ATHER'S NAME First	Middle	Lost	IS MOTHER S M	AIDEN NAME First	Middle	Lost	
7 - 1 - 0 . ^.		Charle	es Louis	DeBouck		Cece	lia Theresa	"nders	on
within 24 pencil in xamine s	16a. \ (Y	NAS DECEASED EVER IN L. S. ARI es, go, or unknown) (if ye NO	er neve war or dates of canara)	6b. SOCIAL SECURITY NO			ADDRESS		
with per control of the control of t				12-24-2	482 Charl	es DeBouc	k Cumberland	Md	INTERVAL
should be executed by word "pending" in the Chief Medical E uriol-transit permit. F in any event within		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	ALISED RY					BETWEEK ONSET A	AND DEATH
xecuted nding" ir Medical permit.		501 SM	MEDIATE CAUSE (o)E	atty metam S A CONSEQUENCE OF	orphosis of	liver			
e e pen ef A sit		Canditions, if any, which go	ove)	S A CONSEQUENCE OF					
Id b Chi	Ш	rise to immediate couse (stating the underlying cau		S A CONSEQUENCE OF					
should be e ne word "pen to the Chief I buriol-transit I in ony even		lost.	(6)						
the state of to a bind a bind		PART 2 OTHER SIGNIFICANT (
rfica ting order	Z				erotic card	iovascula	r diseae		
certification orward used movol	CATIC	19a. DATE OF OPERATION		9b. CONDITION FOR WI- WAS PERFORMED?	ICH OPERATION			20. AUTOPSY	
This certificate isote, writing the be forwarded to do be used os a bor removol, and	CERTIFICATION	AL EMPERMAN SA ME MIAC	Jan The Of h		las tions military	OSCUPPED AT		YES [K]	NO 🗌
經	SI	21a EXTERNAL CAJSE WAS PRIMARY OR CONTRIBUTI	ING HOUR A.M	IJURY Manth, Day, Year	ZIC NUW INJURY	OCCURRED (Enter Not)	ure of injury in Port 1 or Part 2, I	Iem IB.)	
INEI Be ce Short filles 3 short ontro	MEDICAL	CAUSE OF DEATH 21d. NJURY OCCURRED	P.M 21e PLACE OF INJURY (At		21f. LOCATION Street	et or R F D Na.	City or Town	County	State
ICAL EXAMINER: execute the certifor Page 4 should for your files. CTOR: Page 3 should buriol, cremotion,	Ш	WHILE NOT WHILE AT WORK	factory, office building,	etc)					
DEPUTY BICAL EXAM reessary, please execute the funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page salth prior to burnol, crem			of I took charge of the	remoins described	obave, held an Au	tapsy 😾 In	spection , Inquiry	and in m	v opinian
ICAL E) e executor for Poged for SCTOR: Purnol,		deoth resulted from			and the same of th	Homicide	Undetermined manner	_	,
pleose pleose I director retoined I DIREC			1211	111	C	HIEF MEDICAL EXAMIN	ER 🔲		
ry, pleose e eral director be retoined RAL DIRECT		SIGNATURE /	ved 4K	trut	M.D A	SSISTANT MEDICAL EX	AMINER 22b. DATE	SIGNED 4-69	
SSGT) VER		EXAMINER'S Ron.	ald N. Korn	Blum,M.D.		EPUTY MEDICAL EXAM	INEK L	1403	-
necessary, please extremely please extremely director in may be retained to FUNERAL DIRECTOR Health prior to bur	22.0	NAME (Type) BUR AL, CREMAT ON,	23b DATE		METERY OR CREMATORY	DDRESS(Street, city, to		(Ca 2-2) (Ca	-1-1
TO DEPU necessor the fune 5 may b TO FUNER Health		REMOVAL (Specify)					10(ATION (City or Town) Cumberland Al	, ,,	iate)
	24.	urial FUNERADDIRECTOR	April 7, 1	YOU Davis ADDRES	Memorial Ce	2So RECD BY RE	G STRAR 2Sb. REGISTRAR S		d
VR A15ME (5)		Lavis de	leen Inc	Cum	MX.	APR 8	1969 Milane	as andre	:
W. Service IV	-	-/						0 0	



				D STATE DEPARTMENT OF		
4	Ι,	2000		301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	0100
		14998		CERTIFICATE OF DEATH		04990
death. neral and 2 death.		CEASED NAME First (Print)	MAN	DAV15	2a. DATE OF DEATH Month	Doy 2 Year 69 5:05 AM
The for organization of the state of the sta	3. SE	Mali	4. RACE Nic vi	S. DATE OF BIRTH 3. 1. 1900		IF UNDER 1 YEAR IF UNDER 24 WAS. MONTHS DAYS HOURS MAN
24 hrus ed in by ppers. P	7o. I	ARTHPLACE (State or foreign arry)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cou	inty Md.
ithin 2. within 2. within 2. within 2.	10 (TTY OR TOWN OF DEATH Nount Wilson	11 NAME OF HOSPITAL OR IN: give street oddress) VILSOR		JAL OCCUPATION (Kind of work do not of working life, even if retired	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be retained by the hospital ar attending physician. OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and campletely filled in the 3 shauld be detached for use as the burial-transit permit. Then please remay carban papers, and the State Dept. of Health priar to burial, cremation, ar remayar, and in any event, within 72 has a with the State Dept.		USUAL RESIDENCE (Where deceosission) STATE	ed lived, if institution. Residence before	13C. CHY OR FOWN 13d. INSIDE CHY	UMITS? 13e STREET AND NUMBER	na Nd. 20760
oe exection of the control of the co	14	ATHER'S NAME FIRST	A G E DAVI	15. MOTHER S MANDEN NAME		JI HALL
U \ MQ_A		WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (If yes give v	MED FORCES? voir or dates of service) 16b. SOCIAL SECURITY		t. Wilson State	
naven in	H	10 CAUSE OF DEATH (Enter or	du one couse per line for (a) (b) and (c)	1		APPROXIMATE INTERVAL
ending mit. T		PART 1 DEATH WAS CAUSE	oly one couse per line for (a), (b), and (c). D BY ATE CAUSE (a) Crebra	I vascular a	accident	BETWEEN ONSET AND DEATH 7 /2 Line
if the d the ath sit peri nation,		4060 Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	iterial lung	utensin	
s that cian. d by † I-trans	ı	nse to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	11		
equires tho physician. signed by burial-tran		_	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	- / - / - /
w rathe	l ĕ		For Hal	vanced pri	monary 1.	Weson in continue
The la attent has b se as th prior	CENTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES NO 5	CAUSES OF BEATH?	GS CONSIDERED IN CERTIFYING
CIAN: sital ar hificate d far u	MEDICAL CE	21a ACCIDENT WAS UNDERLYING CAUSE OF DEA (If either, natify medical exomi	NG 215 TIME OF INJURY TH HOUR A.M. Month Day Year (ner) P.M. 1		ter noture of injury in Part 1 or Par	t 2, Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certify Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached far use as the burial-transit permit. Then should be filed with the State Dept. of Health prar to burial, cremation, ar remaya	ME	21d INJURY OCCURRED 21e While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R F.D. N	lo. City or Town	County State
ING by the fer it at the state	1	22a. I certify that (i) (th	is hospital) attended the deceas	ed from 11, 26, 19.	68, to 4,21,	19_60, that (I) (we) lost
TEND lined I OR: Al auld I		sow the deceased of couses stated abov	e, (i) (we) (did) (did not) view the	body after death.		
OR AT INECT OR WITH SIGN W		22b. SIGNATURE	Unvermer	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 4. 21. 14 Eq
MAL D		22d PHYSICIAN'S NAME(Type) Willi	am Newcomer, N	22e. ADDRESS Mount Wi	lson, Maryland	/ -
HOSP Bge 4 FUNE FUNE irrector	23a	BUR AL, CREMATION, 23b.	DATE / 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
QQ Q VRAIS M2	24	REMOVAL (Specify) FUNERAL DIRECTOR	124/49 Emor	So. RECD	BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
30M REV	E	-) eare t	. Knowder	Tockvall DAMAPE	R 2 4 1969 Poli	rowley Judge



1 1	MARYLAND STATE DEPARTMENT OF HEALTH 14999 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04	991
TH DEPT.	DECEASED NAME First Middle Lost 2a. DATE KNOWN Month Day (Type or Print)	Year 2b. HOUR
1 2	ALBERT E. DEBAUGH DEATH MATED APril	17,1969 ? M
	3. SEX Male White S. DATE OF BIRTH S. DA	Year 19 69 2d. HOUR M
	76 BIRTHPLACE (Stote or foreign Country) Maryland U.S.A. 8. MARRIED AND WIDOWED 9 COUNTY OF DEATH WIDOWED Baltimore	Md
	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 120 during most of working life even if retired) INDU Greater Balto. Medical Center Retired Electrician	KIND OF BUSINESS OR DISTRY Railroad
3=	30 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CTY OR TOWN odmission) STATE Maryland 13b. COUNTY Baltimore 13c. CTY OR TOWN 13d. INSIDE CTY LIMITS? 13e STREET AND NUMBER 110 Margate Rd.	
,	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Albert DeBaugh Margaret Lewis	Last
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
	(Yes no grunknown) (Hyosolye wor quidates of sorvice) 705-09-8084 Bessie M. DeBaugh 110 Margate Rd.	
	18. CAUSE OF DEATH (Enter only one cause per lane for (o), (b), and (c)) PART I. DEATH WAS (AUSED BY. Arteriosclerotic cardiovascular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4-124 IMMEDIATE CAUSE (a) AT CELL TOSC TELEGIES CALIFORNIA GUISEASE ULL DUE TO, OR AS A CONSEQUENCE OF	
	Candillans, if only, which gove	
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TION GIVEN IN PART 1(a)	
	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year 217. How INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2. Hern 18	20. AUTOPSY?
	21b. TIME OF INJURY Month. Day. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Hern 1)	YES NO
	RIMARY OR CONTRIBUTING HOUR A.M.	5.]
	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED AT WORK AT WORK THE AT	ounty State
1	22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my apinian
	death resulted from Natural causes X, Accident Suicide , Homicide Undetermined manner	and in my dening
	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATE SIGN	8/69
.,	EXAMINER'S Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	5,05
=	230 BURIAL (REMATION. 235 DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (Cou	inty) (State)
	Burial 4-21-1969 Parkwood Cemetery Baltimore, Marylan	.,
	Wm. Cook-Brooks Towson 1050 York Rd. 21204 250. REC D By REG STRAR 250 REGISTRAR 250	
	Wm. Cook-Brooks Towson 1050 York Rd. 21204 DAPK 2 1 1969 June 1050	7 0 ,

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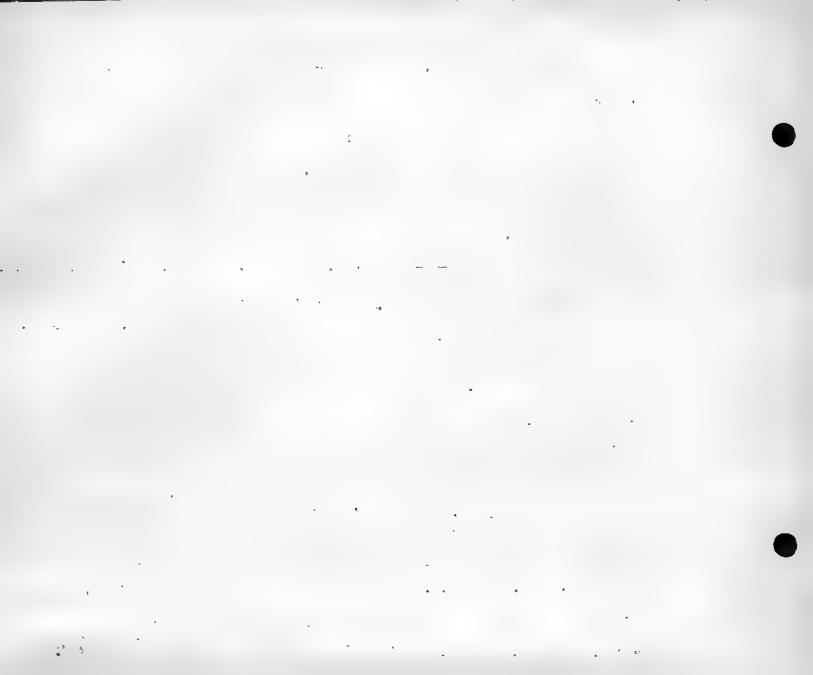
2.7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05000 CERTIFICATE OF DEATH 04992 First DECEASED NAME Middle Last 2o. DATE OF DEATH 2b HOUR within 24 hours after death (Type or print) Katherine Deckret 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS Female White 1885 Dec. 3, ost birth MONTHS CIAYS HOURS 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Baltimore. U. S. A WIDOWED 5 DIVORCED in any event, within 72 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BLISINESS OR Catonsrille. H. during most of warking life, even if retired) INDUSTRY GROVE STATE OFFice Bullans 130 USUAL RESIDENCE (Where deceased lived, it institution. Residence before 13c CITY OR TOWN 13d NSIDE CITY LIMITS? 13e STREET AND NUMBER OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed odmissian) STATE 13b. COUNTY Balto. Towson 14 FATHERS NAME 15 MOTHER'S MAIDEN NAME First First Middle Last Middle Last Charles Mary Ikomas Dingle signed by the attending physicion buriol-transit permit. Then please buriat, cremation, or removal, and 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no ar unknown) (If yes give war or dates of service) 218-18-3024 Records: State Hosp APPROX MATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND CEATH PART I, DEATH WAS CAUSED BY Pulmonary edema. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) nse to immediate cause (o), l DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) failure, Diverticulosis the colon. for use as the b Health prior to b A S.C. Y D. Renal TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO S YES 🖂 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detoched for Stote Dept. of F (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 23f LOCATION Street or R.F.D. No. City of Tawn Stote Caunty While Not while at wark director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED rovoledes Whom i du **ATTENDING** 4.22.69 DEGREE PHYS DIRECTOR 22d. PHYSICIANS Diomidis 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION, (County) (Stote) Oct / law n Cometer BalTimera 24 FUNERAL DIRECTOR Funeral Home, The, 1501 East Fort Avenue





MARYLAND STATE DEPARTMENT OF HEALTH



1	05003 DIVIS	ION OF VITAL RECORDS, 301 W.	PRESTON STREET, BALTIMORE, A	MARYLAND 21201	
	00000		CATE OF DEATH		4995
death	I. DECEASED NAME (Type or print) First MARTHA	LUCY DEVERE	AUX A	ori Month 239	14969 2b. HOUR
the differ	3 SEX Female 4. RA	White	5 DATE OF BIRTH Aug. 29, 1915		UNDER LYEAR IF UNDER 24 HRS HOLES MEN
4 haur. I in by Pers. P		ZEN OF WHAT COUNTRY? SA WIDOWED	NEVER MARRIED	of DEATH ltimore Cou	nty, Md
evecuted within 24 haurs after death and completely filled in by the times remove carbon papers. Pages and any event, within 72 hours the death	10. CITY OR TOWN OF DEATH ESSEX	in name of hospital or institution (if other street address) he real Rd	not in hospital 120 USUAL OCCUPAT	ION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
e executed written and completely remove carbor in any event, with	13c USUAL RESIDENCE (Where deceased lived, admission) STATE Marylandb	if institution Residence before 13c CITY COUNTY Baltimore Ess	R TOWN 13d INSIDE CITY LIMITS? > 13e	STREET AND NUMBER 217 Langley	Rd. 21221
and a	14. FATHER'S NAME First Gustave V	Middle Lost an Cutsen	IS. MOTHER'S MAIDEN NAME First	p. Van A	Lost
ificate l ysician please al, and	16a WAS DECEASED EVER IN U.S. ARMED FORCE Yes, 19 or unknown) (1 yes give wor or dates a	16b. SOCIAL SECURITY NO. 17. of Service) 061-03-2280	INFORMANT Mr. Bernard A. De	Address	
Page 4 may be retained by the haspital ar attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excevted by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached for use as the burial-transit permit. Then please remove cart shauld be filled with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event,	1B. CAUSE OF DEATH (Enter only one co	ause per line far (a), (b), and (c).)	Hater Concerno	~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CMCO-
t the death the attendisit permit.	Conditions, if ony, which gave)	E TO, OR AS A CONSEQUENCE OF	an I the brains	ol .	10M0
equires that the physician. signed by the burial-fransit purial, cremating	rise to immediate cause (a), stating the underlying cause last.	(b) Car Cer E TO, OR AS A CONSEQUENCE OF			
requin ng physin na signe burio ta burio	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION G	GIVEN IN PART 1(a)	:
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VDING d by the After the After the State	220. I certify that (1) this hosp	ital) attended the deceased from	nd that in my (our) opinion dear	th occurred on the dote	, that (I) (we) last
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TAL OR OR DE AL DIR Poge 3 e filed	22d. PHYSICIAN'S NAME (Type) KAV M	OND D. BAH	22e ADDRESS	Nes Hos	27/09
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOC	ATION (City or Town) ((Stote)
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VR ATS (A)		ns, Inc., Balto.,			as Judge.



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HEALTH DEPT.	1 DECEASED	NAME	First	Middle			DIEHL	20 DATE KN	IOWN Manth	Day Yeor	2b HOUR
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dec wit with		gs Mills N	id. give	oddress) Od Enchai	nted Hi	11s			, even if retired)	oranston	Pl.Co.
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with year	OM ''	or unknown) (if yes	give war or dates of service)	213-42-4	257	Mrs. Maj	rlene L.	Diehl O	<u>rings Mi</u>	lls Mary	land
of Ex hin 7	18. 4	AUSE OF DEATH (Ente	only one cause per		nd (c).)				*	APPROXIMAT BETWEEN ONS	E INTERVAL
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te should be executed wit the ward "pending" in pe t ta the Chief Medica! Exai a burial-transit permit. File nd in any event within 72	last	, <u>,</u>	(c)								
ical Examiner: This certificate should be executed within 24 hours after death execute the certificate, writing the ward "pending" in perfect the series of the Pages I, and the form set forwarded to the Chief Medical Exampler's Office along with form set for your files. CTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Deburial, cremation, or removal, and in any event within 72 Cours after death.	PART :	OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BU	T NOT RELATED	TO THE TERMINA	AL DISEASE OR CONDI	TION GIVEN IN P	ART I(o)		
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please I director retained I DIREC			. <				CHIEF MEDICAL EXAM				
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EPUTY DICA sssary, please ex- funeral director. ay be retained JNERAL DIRECTOR		WINER'S W	erner U.	Spitz, M	.D.		DEPUTY MEDICAL EXA ADDRESS(Street, city,			4/29/69	
TO DEPUTY DICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	-	AL, CREMATION,	23b DATE	23c MAR	ME OF CEMETER	Y OR CREMATORY		3d LOCATION (C		(Caunty)	Stote)
		VAL (Spec fy)	5/2/69	1		morial	Park	Carroll		Maryland	
M	24. FUNER	AL DIRECTOR	- J- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		ADDRESS		2So. REC'D BY	REG STRAR	25b REGISTRAR	S GNATURE	La :
VR A15ME SV	Loni	ng Rvers 8	728 Liber	tv Rd. R	andalls	town	DAMAY	5 1969	1	0 0	



<u>*1</u>	. 1	-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
gala and a		1	05005 CERTIFICATE OF DEATH 04997
200	t set	Ī	DECEASED NAME First Middle Last 2a. DATE OF DEATH Aprille Trowley Ditman 2b. HOUR 4220MM
	a E	3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HIS
	s offers	-	Female White Aug. 21, 1915 Shirthday) YRS. MONTHS DAYS HOURS MIN.
	4 hour		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED ON NEVER MARRIED DIVORCED Baltimore Md
	ecuted within 24 campletely filled ave carbon pape y event, within 7		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working the even if retired.) 12a. USUAL OCCUPATION (Kind of work done during most of working the even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY 12c. USUAL OCCUPATION (Kind of work done during most of working the even if retired.)
	cuted w amplete ve carb event,	. < a	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN MISSION) STATE Md. 13b. COUNBALTO. Woodlawn YES NOX 6605 Windson Mill Rd.
	and co	1	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
	and in	-	g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 117, INFORMANT 5, Address
	physical property of the prope		Yes, no you unknown) (11 yes give was or deres of service) 220-38-5428 Mr. William F. Ditman 6605 Windson Mill R
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital or afterding physician. IRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foreign e. 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, Tand and witll the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours are death.		18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), ond (c).) PART I. DEATH WAS CALSED BY. IMMEDIATE CAUSE (a) APPROX.MATE INTERVAL BETWEEN ORSET AND DEATH THE CAUSE OF DEATH (Enter only one cause per line for (g), (b), ond (c).) PART I. DEATH WAS CALSED BY. IMMEDIATE CAUSE (a) THE CAUSE OF DEATH (Enter only one cause per line for (g), (b), ond (c).)
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	CIAN: "ital or rifficate of far us		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19
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	DING by the After I be d State		22a. I certify that (I) (this hospital) attended the deceased from 1952, to 1952, to 1952, to 1952, that (I) (we) last saw the deceased alive an 1952, and that in (my) (our) apinion death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.
	OR: /		
	OR A DIRECT SHEET		226. SIGNATURE SIGNATURE SIGNED, 1:1 DEGREE ATTENDING DIRECTOR STAFF 120/19
	SPITAL 4 may 4ERAL ar, pag Id be fil		22d. PHYSICIAN'S NAME (Type) EDWIN L PIERPONT, MD 8294 SIRERTY PJ-PALTO, 2-1217 MARYLANG.
	Page 4 may by FUNERAL Diectar, page Shauld be file		Burial Cremation, 23b. Date 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial Cremation, 23b. Date 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial Cremation, 23d. LOCATION (City or Town) (County) (State) Burial Cremation, 23d. LOCATION (City or Town) (County) (State)
	YR AUS AND 30M REY NV SB		John 1. Stansbury, Sr6411 Windson Mill Rd. Date MAY 2 1969 Clearles June





1 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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erol and death	CEASED-NAME First Middle Last 2a. DATE OF DEATH yoe or print) JOSEPH FRANCIS DOEMLING SR APRIL Month 19, Do 1969 Yea	2b. HOUR 6: 30 Aw
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3	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost MICHAEL
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Ī	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) RAPT I DEATH WAS CAUSED BY	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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the Stot	22a. I certify that (1) (this hospital) attended the deceased from APR 17, 1969, to APR 19, 1969, to saw the deceased alive an APR 1999, and that in (1) (our) opinion death accurred on the date and he causes stated above, (2) (we) (did) (about view the body after death.	hat (1) (we) lost our and fram the
director, page 3 should be defached for use os the should be filed with the State Dept. of Health prior to	226. SIGNATURE DEGREE ATTENDING MED. STAFF W 4 19	
1 be #1	PHYSICIAN'S NAME (Type) APFONSO A. LOPEZ, MD. 22e. ADDRESS VAH, FT. HOWARD, MD.	
0 0	BURIAL CREMATION, BURIAL CREMATORY BURIAL CREMATION, BURIAL CREMATORY BURIAL CREMATION, City of Town) (County) BURIAL CREMATION, BURIAL CREMATORY BURIAL CREMATION, CEMETERY OR CREMATORY BALTIMORE, MD.	(State)
A15 14 1 K	FUNERAL DIRECTOR 7110 BELAIR RD DIPPEL DUNERAL HOME BALTO., MD. 25d. REPRESIDENT 1985 BALTO.	and the

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	7	- 1	05008 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		I	Item13 FilmG412 5/8/69 kk CERTIFICATE OF DEATH	95500
	offer death.		DECEASED-NAME First Middle Lost 20 DATE OF DEATH Month Day April 28 L	2b. HOUR 969 6:30 M
	y the fu		Female White 10-21-1873 losy mirthdoy) YRS.	UNDER 1 YEAR IF UNDER 24 HRS HOURS MIN
	24 havr d in by pers. P	- 1	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Baltimore, Md.	Md.
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	L OR AT be reto DIRECT ge 3 sh iled with		226. SIGNATURE DEGREE PHYS.	28-69
	SPITAL 4 may NERAL tar, pa	1	22d. Physician's NAME (Type) F. Pavid M. gel M.D. 22e ADDRESS 312 Mockingbird Lane 2126	
	Page TO FUI direct shau	AL	REMOVAL (Specify) 5/1/69 CATHEDRAL BALTIMORE, MD	(State)
	VR A15 (4) 30M REV, 1/68	`	24 FUNERAL DIRECTOR Means 805 ADDRESS Calvert & DATE MAY 5 1969 Fichians SIGI	NATURE June 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05001 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH DECEASED NAME First Last 2b HOUR executed within 24 haurs after deoth (Type or print) JAMES DONEY April Month Q Doy 196 Geor 4:40 G. 3. SEX S. DATE OF BIRTH 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3-10-1894 las **S**rthday) Male White MONTHS physkian and completely filled in by the en please Temove corban papers. Pogovol, and in any, event, within 72 hours o 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [] country USA Baltimore WIDOWED A DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, eyen if retued)
Retired Martin Co. INDUSTRY Hospital Towson buriol, cremation, or removol, and in ony, event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER odgussian) STATE Maryland .13b. COUNTY 5702 Beechdale Road Baltimore 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Lost Last PHYSICIAN: The law requires that the deoth certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 219-16-8010 Mrs Esther B Doney Same APPROXIMATE INTERVAL signed by the attending buriol-tronsit permit. The BETWEEN DISSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) (b) General arteriosclerosis rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been as the CENTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 📆 for use 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Day Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Not while of work 22a. I certify that () (this haspital) attended the deceased from Narch 31, 19 69, to April 9, 19 69, that (4) (we) last sow the deceased olive an April 9, 19 69, and that in (My) (our) apinian death accurred an the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR 4-9-69 DEGREE PHYS. 22n ADDRESS PHYSICIAN S director, po should be f NAME (Type) Gualberto Gokim, Jr., M.D. 7620 York Rd., Towson, Md. 21204 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) 230. BURIAL CREMATION, BENOVAL (Specify) Moreland Memorial Park Baltimore, Maryland 250 REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR S. SIGNATURE 24. FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland 30M REV 1/68



	MARTIAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	05010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05003	ć
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year (Type or Print) Company W	26 HOUR
of ge	DOTATION DEATH MATED - FAMILY 4 1969	75 5M
2, and 3 Page PM3. Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF LNDER I YEAR IF JNDER 24 HRS 22 DATE PRONOUNCED DEAD MONTHS DAYS HOURS M.N. Magth Doy Year 1959	2d HOUS
是 S S S S S S S S S S S S S S S S S S S	male white April 8, 1910 58 yrs. The street of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 7b. CUNTY of DEATH	NOW
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deoth with farm he State De	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUS	INESS OR
within 24 hours ofter deoth any depend in Item 18. Give Pages 1, 2, and cominer's Office along with form PM3. The pages 1 and 2 with the State Department of the death.	Towson give street address) 963 Fairmount Ave. during most of working life, even if retired.) Retired Fireman Balto Cit	v
olana Give	13a. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before 13c CITY OR TOWN 13d. INSIDE CITY UMITS? 13e STREET AND NUMBER	
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hin 24 nicil in niner's poges 1 hours	Martin J. Donnelly Ella McNally 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
thin min pag	(Yes, na, ar unknawn) (If yes give wor or dates of service) 24.6 O.E. 22.5/1. Mars. Hollon C. Donnaller	
should be executed wit e word "pending" in pe the Chief Medical Exor urial-transit permit File in any event within 72	1B. CAUSE OF DEATH (Enter only one cause per line for (p), (b) and (c)	INTERVAL
executed nding" i Medicol permit nt withir	PART I. DEATH WAS CAUSED BY IMMIDIATE CAUSE (Q) Tangula Iron Aland	AND DEATH
exe andii Mer t per	753 X DUE TO, OR AS A CONSEQUENCE OF	/
be l'pe hief onsi	Conditions, if any, which gave it is to immediate couse (a), (b) Adaptive Couse (b)	2-1
should be e ne word "per o the Chief I burnol-tronsit	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
he very to the burn of in	(c)	
INER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencil in Item I should be forwarded to the Chief Medical Examiner's Office files. 3 should be used as a bunal-transit permit File pages land 2, nation, or removal, and in any event within 72 hours after a	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writi war war sed oval	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPS YES 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of murry in Port 1 or Part 2, Item 18.1)	Y?
ois control for	WAS PERFORMED?	NO 🔽
無事 음 이		
INER of certification in the c	CAUSE OF DEATH P.M. 19	-
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, while at work at work at work	State
bical Examileose execute the director. Page 4 estoined for your DIRECTOR: Page r to buriol, crem.		ny apinian
Service SAL	death resulted from: Natural cosses Accident Suicide Hamicide Undetermined manner	ry uphreun
please e l director retoined.	CHIEF MEDICAL EXAMINER	
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DEPUTY eccssory, p te funeral may be re FUNERAL eoith prior	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	
o DEPUTY DICA necessory, please en the funeral director. 5 may be retained of FUNERAL DIRECTOR Health prior to bu	NAME (Type) OV E County ADDRESS(Street, city, tawn, ar county) 23d BURIAL (REMATION, 23b DATE 23c AAME OF CEMETERY OR CREMATORY 23d, LOCATION (Gry ar Tawn) (County) (5)	in the last
7	DEMONIAL (Court)	Md.
	24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REGISTRAR'S 5 GNATURE	
VR A15ME (5)	Mitchell-Wiedefeld Home 6500 York Rd. Balto. DAPR 9 1969 yoursely language	200
17	Md. 21212	12 17

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_ 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	Item6 FilmGhll 4/22/69 kk CERTIFICATE OF DEATH 05(103
requires that the death certificate be exercited within 24 hours after death, a physician. I signed by the attending physician and completely filled in by the truest by a bural-transit permit. Then please tempte carbon papers. Page 1 and 2 a bural, crematian, or remayal, and in any event, within 72 hours an evidenth.	I. DECEASED NAME First Middle Lost 2a. DATE OF DEATH (Type or print) James O'Brien Donnelly April 13 106	2b. HOUR
	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (11 years FLAGER	
	male white 5-16-1897 lost birthday 72 YRS. MONTHS	OAYS HOURS MIN
2	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 79 COUNTY OF DEATH	
	Ireland U.S.A. WIDOWED DIVORCED Baltimore	Md.
FU	Towson give street address) St. Joseph during most of working the event retired)	ND OF BUSINESS OR
, 1	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before didmission) STATE Maryland 13b COUNTY Baltimore Baltimore Baltimore 13c. CITY OR TOWN TES NO X 13e STREET AND NUMBER 13b COUNTY Baltimore	20
1	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle James Donnelly Elizabeth Donnelly	tasf
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yesho a runknawn) 110 Sque wor or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Family records	
70	10 CALICE OF DEATH (State Poly one state on the Art (A) (A)	APPRÖXIMATE INTERVAL TWEEN OMSET AND, DEATH
1	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES 100 CAUSES OF DEATH? 2 0 ACCIDENT WAS UNDERLYING 216 TIME OF INVERY 226 HOWN MILEY OCCURRED (Forer palves of hours or form) as Part 2 Hown 18.1) IN CERTIFYING
	2 a ACCIDENT WAS UNDERLYING The contributing contributin	
	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCAT.ON Street or R.F.D. No. Gity or Town County of work of work	State
	22a. I certify that (this haspital) attended the deceased from 4-13, 1969, ta 4-13, 1969, saw the deceased alive an 1969, and that in (64) (aur) apinian death accurred an the date and be causes stated above. (we) (did) (3.66) view the bady after death.	
Man	TCILL 17, D, DEGREE PHYS DIRECTOR STAFF PHYS DIRECTOR PHYS	
	230 BURIAL, CREMATION, REMOVAL (Specify) April 6. 1969 St. John's Cemetery Long Green, Balto. Co.	AL I
R	John Burns' Sons, Towson, Maryland 250. REGISTRAR 250 REGISTRAR 350 REGISTRAR 250 REGI	Judge.

1. 2. 1 110

/ · 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
- Indiana	05012 CERTIFICATE OF DEATH 050	04
er death. funeral 7 and 2 er death.	1. DECEASED-NAME (Type or print) William Earl Derfman 2a. DATE OF DEATH 4 Manth 8 Doy 69 eor	25 HOUR 4:00p
the fur	3. SEX 4. RACE white S. DATE OF BIRTH 11/5/86 6. AGE (In years least birthday) 2 YRS MONTHS DAY 22 YRS	
1 in 6y	70. BIRTHPLACE (State or foreign country) Russia 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Baltimore	Md.
within 24 the fely filled in papers to within 72 the fely filled in papers to within 72 the fell fell fell fell fell fell fell fe	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND)	OF BUSINESS OR
mplete	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. 13b. COUNTY Balto. 13c CITY OR TOWN PES NO 6741-C Tewnbrook	
and and in only	14. FATHER'S NAME First Middle Last 15 MOTHER'S MA DEN NAME First Middle LINKNOWN	Lost
ificate ysician please al, and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. as Jinknown) 17 INFORMANT Address 18b. SOCIAL SECURITY NO 17 INFORMANT MRS. JENNIE DORFMAN, 6741 C TOWNBROO	JK DR.
ne law requires that the death ceritending physician. As been signed by the attending pass as the burial-transit permit. The prior to burial, crematian, ar reman-	18. CAUSE OF DEATH (Enter only ane cause per lane far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a). Stating the underlying cause (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) PUL Manay Calling Contribution (a) Contribution of Consideration (b) Condition for which operation was performed 20a Autopsy? 20b IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH 2. 4.00	OXIMATE INTERVAL N ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and empletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Rates I and 2 should be filled with the State Dept of Health prior to burial, cremation, arremayal, and in any event, within 72 hours after death	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County County	stote at (I) (we) last or and from the
O HOSPI Page 4 r O FUNER director, shauld t	230 BLRIAL (REMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY BALTIMORE, MARY LAND) CREMATION 4-11-69 LOUDON PARK 23d LOCATION (City or Town) (County) BALTIMORE, MARY LAND	(State)
VR A15 (4)	24. FUNERA. DIRECTOR & BROS., 6010 REISTERSTOWN ROAD DATAPR 1 4 1969 Climber See	dae.



1 2	_		D STATE DEPARTMENT OF		
1	05012		301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	Commercial
	05013		ERTIFICATE OF DEATH		05005
手工工手	DECEASED-NAME First (Type or print)	Middle	Last	20. DATE OF CEATH	Year 26 HOUR P
g a signed	LEON	v .C.	DOROSZ	4 Manth 14 Doy	69° 9:20 M
ē 1 # 1 ē	3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (in years	IF UNDER 1 YEAR
age s af	MALE	CAUCASIAN	12-11-0	9 last birthead YRS.	MONTHS DAYS HOURS MIN
aur aur	7a BIRTHPLACE (State or fareign 7b	CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9 COUNTY OF DEATH	
IAN: The law requires that the death certificate be executed within 24 haurs after death all an attending physician. Finate has been signed by the attending physician and completely filted in by Versigneral far use as the burial-transit permit. Then please remove carban papers. Pages Fond 2 Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death	country) Maryland	USA	WIDOWED DIVORCED	BALTIMORE	Md
in 2 page hin	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		JAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
with with	BALTIMORE	GREAT BALT I	MED CENTER DL	strict hanages	Food Fair Con
ed v	13a USJAL RESIDENCE (Where deceased	lever if institution Per dence before	13c CITY OR TOWN 136. INSIDE CITY		
omp own	odmission) STATE Maryland	13b. COUNTY Baltimore	Towson YES	10 x 8113 Bellona	Avenue
any any	14 FATHER S NAME First	Middle Last	S MOTHER'S MAIDEN NAME	First Middle	Lost
2 2 2	Anthony Doro	ðZ	Unknown		
requires that the death certificate be g physician. signed by the attending physician as burial-transit permit. Then please in o burial, crematian, ar remayal, and in	TAG WAS DECEASED EVER IN ILS ADMED	ENPIRES 1365 SOCIAL SECURITY N	and the second s	Address	
tific hys	Yes na, ar unknawn) (If ye give war o	217-03-05	99 Family record	ls	
The The	18. CAUSE OF DEATH (Enter on y	ane cause per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndir.	PART I. DEATH WAS CAUSED B	(AUSE (a) RENAL F	AILURE		24 hrs
e de ante erm an, c	1062	DUE TO, OR AS A CONSEQUENCE OF			
the the safe	Canditions, if ony, which gove	(b) CARCINOM	A OF AMPULLA OF	VATER WITH	
that in. by 1	rise to immediate couse (a), (stating the underlying couse	OUE TO, OR AS A CONSEQUENCE OF		ETASTASES	
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phy phy sign buri	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
v reing en to to	2				
hav endi s be as t	190. DATE OF OPERATION 196. COI	NDITION FOR WHICH OPERATION WAS PER		206 IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The att	190. DATE OF OPERATION 19b. COI 4-12&13-69 C	ADOEOSMULLA DE	ENATER YES NO [→	
ate or needlead	218 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (En	ter noture of injury in Part 1 or Port 2, li	iem 18.)
d diffigure	G (14 either, notify medicol exominer)				
HYS has cel	21d. INJURY OCCURRED 21e. PL	ACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC	TORY) 21F LOCATION Street or R.F.D. N	a. City or Tawn	County State
the the detector of the property of the proper	of work of work				
by frer be stat	22o. I certify that (1) (NXX	AND attended the decease	ed from 4-25 , 19.	69, to $4-14$, 19 pinion death occurred on the data	<u>09_,</u> thot ((we) lost
END Sed A: A Jild She S	sow the deceased aliv	e on 4 T4 I	9.02, and that in (2004) (our) a	pinion deoth occurred on the dol	te ond hour ond trom the
TA TI DE STATE OF THE TA THE THE TA T	22b SIGNATURE	(we) (aid) (aid)	oddy difer deom.	22c D	ATE SIGNED
DR J	Pul o	1 mith	DEGREE PHYS		-15-69
ALC LDI file	22d PHYS CIANS	1. 1000	22e. ADDRESS		
SPITAL OR ATTENDING PHYSICIAN: The law requires the may be retained by the haspital ar attending physician. IERAL DIRECTOR: After this certificate has been signed by ar, page 3 shauld be detached far use as the burial-trailed be filed with the State Dept. af Health priar to burial, cre	NAME (Type) RICH.	ARD SMITH, M.D.	670	1 N CHARLES ST	BALT, MD
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health prior to	23a. BURIAL, CREMATION, 23b. DA1	E 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
0 Page 48		il 17.1969 Holy (ross (emetery	Baltimore, Mary	land
	24. FUNERAL DIRECTOR	_ADD/RESS	2So. REC'D	BY REGISTRAR 2Sb REGISTRAR S	SIGNATURE
45M - 180	John Hun.	tous you	DATE A	PR 1 8 1969 Action	was Just.
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	1	05014	DIVI.	NON OF VII			CATE OF DE		, MARYLAND 2		5006	
death.		PP -5	First LLIAM		Middle T.	DORS	Last SEY	20. E Apr	ATE OF DEATH		1969°	2b, HOUR
an and campletely filled in by the criteria. See remove carbon papers. Pages and and in any event, within 72 hours after death	3. 5	Ma l e	4 R		ite		S. DATE OF BIRTH	, 1883.	6 AGE (In y	ears 2y) YRS.		IF UNDER 24 HRS HOLERS MIN.
hin 24 hours of filled in by it papers. Pagithin 72 hours	(0)	BIRTHPLACE (State or fareign intry) Md.	7b. CIT	ZEN OF WHAT O	OUNTRY?	B MARRIED WIDOWED				ltim	ore,	Md.
within 24 lely filled in bon paper within 72		city or town of death Towson		give street		STITUT ON (IF o	cent Home	12a USUAL OCCU during most of w Retirec	PATION (Kind of wor orking life, even if r I Salesmar	k dane etired.)	12b. KIND OF BI INDLSTRY Millin	USINESS OR
and campletely framove carbon in any event, with	13a adn	USUAL RESIDENCE (Where dission) STATE Md.	ceased lived	, if institution: COUNTY	Residence before	Balti	TOWN 13d II		13e STREET AND NUM 2958 Ha	MBER		
be exercise removed in any	14.	FATHER S NAME First		Middle D	orsey	15	MOTHER'S MAIDEN	NAME First	Unknown	liddle		Last
rifficate hysician n pleas		(If yes	ARMED FOR give wer or dotes		SOCIAL SECURITY I		Mr. Fred	W. Dorse	y, 9121 C	dress over	ed Brid	ge Rd.
requires that the death certificate be executed vig physician. I signed by the attending physician and camplete burial-transit permit. Then please remove cark a burial, cremation, or removal, and in any event.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CO	r on y one o NUSED BY: MEDIATE CAUS	•	(a) (b) and (c)	E (0	ardiae	Frail	ure		APPROX MA BETWEEN ONS	ATE INTERVAL SET AND DEATH
at the d the att sit per mation,		Canditians, if any, which g	ove)	(b)	CONSEQUENCE OF	ar	teriose	Perosis				
equires that the physician. signed by the burial-transit burial, cremative		stating the underlying ca	use DU	(c)	CONSEQUENCE OF			1".				
w requiring by seen still the burner to burner	NO	PART 2 OTHER SIGNIFICANT										
AN: The law red at attending licete has been for use as the Health prior to	CERTIFICATION				PERATION WAS PE		20a. AUTOPSY?	NO I	20b. IF YES, WERE FII CAUSES OF DEATH?			TIFYING
PHYSICIAN: le haspital ar his certificate stached far Dept. of Heal	MEDICAL C	21a. ACCIDENT WAS UNDER ON CONTRIBUTING CAUSE OF	DEATH H	P.M.	onth Day Year	,			of injury in Part 1 or	Port 2 II	tem 1B.)	
G PHYSICIAN: The law rathe haspital ar attending this certificate has been detached far use as the te Dept. of Health priar ta	*	While Nat while	21e. PLACE O	Unic	E BOADING, EIC.	1	OCATION Street ar		City or Tawn		Caunty	State
DIN by Store		22a. I certify that (I) saw the decease causes stated ab	(this hosp d alive an ave.(1) (w	vel (did) did	d the decease	ed from 19 9 <u>67</u> , and bady after i	d that in (my) (cleath	, 19 <u>68</u> , 1 our) apinian d	eath occurred an	≥ , 19 <u>€</u> the dat	te and haur o	I) (we) last nd fram the
OR ATI		22b SIGNATURE	1/2/16	10.	Toshi	11 Degr	ATTENDING	MED DIRECTOR	STAFF C	22c D	ATE S GNED 6	,9
		22d PHYS CIAN S	URE	. /	7. 705,	+	22e ADDRESS 6805		Raltimore	Ma	/ /	
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fil	L	BREMOYAL (Specify)	36 DATE 5/2/6	9.					OCATION (City or Tov Baltimore	vn)	(County)	(State)
VR A15 12.1	24	FUNERAL DIRECTOR Leonard J. Ru	ick, I	nc. Bal	to .Md .	21214	-	REC D BY REGIST	1 1969 A	STRAR'S	SIGNATURE	*



2-1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
5		05015		CERTIFICATE OF DEATH				05807			
£ _ ~		ECEASED NAME First	Middle	Last	20. DATE OF D	EATH		2b. HOUR			
funeral	((Ype or pnnt) CARRO	OLL L.	DRUERY		Month Doy	1969	11:10Ma			
F 2-15	3. 5	EX	4. RACE	S DATE OF BIRTH		6. AGE (In years	IF JNOER 1 YEAR	IF UNDER 24 HRS.			
ors affer Pages ors af		Male	Caucasian	5-16-18	891	last bir <u>thday)</u> // YRS.	MONTHS DAYS	HOURS MIN			
by by our	70.		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF I	DEATH					
4 h J in Jers. 72 h	COU	MD MD	U.S. A.	WIDOWED DIVORCED	Ba	altimore		Md.			
equires that the deoth certificate be executed within 24 hours after death physicion. signed by the ottending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and burial, cremotion, or removol, and in any event, within 72 hours after death	10. 0	TOWSON	11, NAME OF HOSPITAL OR IN: give street oddress) Greater Balto	Med Center 120. US	WAL OCCUPATION (mast af warking li	Kind of work done fe, even if retired.)	12b. KIND OF BE	USINESS OPPO			
d w letel orbi		USUAL RESIDENCE (Where decease	d lived, if institut an Residence befare		Y LEM TS? 13e. STRI	EET AND NUMBER	7-1-0	axytou			
comp comp	_	ission) STATE	13b. COUNTY Balto.	7355		13 Four	Heorexo	, Co.			
ond e rem	14. 1	FATHER'S NAME FIRST	Middle	15 MOTHER'S MAIDEN NAME	First	Middle	Junni	last san			
icate b		WAS DECEASED EVER IN U.S. ARMI		NO. 17 INFORMANT	Λ	Address	apt.	Bal			
The law requires that the deoth certificate otherding physicion. I have been signed by the ottending physiciar use as the burial-transit permit. Then pleas the purial, cremotion, or removal, and)	NO		doo Mrs Bessiel	Vinery	16137	my Geo	rgoCo			
n d ling		18. CAUSE OF DEATH (Enter only	y one cause per line for (a), (b), and (c). By Corobral th)	•		BETWEEN ONS	SET AND DEATH			
end mit.		I I I I I I I I I I I I I I I I I I I	re cause (a) <u>Cerebral</u> th	rombosis							
off off on,		4124	DUE TO, OR AS A CONSEQUENCE OF								
the the mot		Canditions, if any, which gave) rise to immediate cause (a),	(-)	erotic cardiovascu	lar disea	ase					
ion.		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF								
ysici ysici ned rial-		last.	(c)								
Physical Phy	1			OT RELATED TO THE TERMINAL DISEASE O	RECONDITION GIVEN	IN PART 1(a)					
ding ding seen the	<u>≅</u>		a_of_lung_and_dive		Look it i	ES, WERE FINDINGS C	ONGINGDED IN CER	TIEVING			
The Iden of the hos be the se	F-CATION	170. DATE OF OPERATION 170. C	ONDITION FOR WHICH OFERARION WAS PE	YESX NO [CALISES	OF DEATH? YES		HETING			
or or surface the hand	CERT.	21a. ACCIDENT WAS UNDERLYING	3 216 TIME OF INJURY	21c. HOW INJURY OCCURRED (En							
YSICIAN: 1 ospital or certificate hed for us	MEDICAL	GOR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		,		,				
YSI nosp cert chec pt. c	Ä	21d JNICIPY OCCUPPED 21e F	PLACE OF INJURY (AT HOME, SARM, STREET, FAI	TORY,) 21f LOCATION Street or R.F.D.	Na. City o	ır Town	County	State			
ATENDING PHYSICIAN: The law requires the stained by the hospital or ottending physicion. CTOR: After this certificate hos been signed by should be detached for use as the burial-trastith the State Dept. of Health prior to burial, cre		ot work ot work									
by there start	П	22a. I certify that (i) (this	s haspital) ottended the decease	ed from 4/3, 19	69 , ta	4/16_, 19	59, that ((I) (we) last			
OR ATTENE be retained DIRECTOR: A pg 3 should		saw the deceased on	(I) (we) (did) (did not) view the	959 , and that in (my) (our) a	ipinion deoth of	ccurred on the do	ite and hour a	nd from the			
ATT ATT		22b SIGNATURE/				22c.	DATE SIGNED				
OR De right will be a 3 a a a a a a a a a a a a a a a a a		1-blus -	2. Allan	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS. 🛛 4/	/16/69				
PITAL may		22d. PHYSICIAN'S NAME (Type) John	E. Adams, M. D.	22e. ADDRESS Greater	Baltimore	e Medical	Center				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. of Health prior to	23a	BURIAL, CREMATION, 23b. D. REMOVAL (Specify)	ATE 19, 1969 236. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	(City or Town)	(County)	(State)			
VR A13(4)	24 ×	FUNERAL DIRECTOR	Joffmann 32		BY REGISTRAR	25b. REGISTRAR'S		Gat:			
101			v V	DAIL 141	1 0 10			<u> </u>			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05016 CERTIFICATE OF DEATH 05008 1. DECEASED NAME First 20. DATE OF DEATH death. 2b. HOUR (Type or print) 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR 9-29-87 lost bir dby) 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Baltimore County DIVORCED A WIDOWED [10. CITY OR TOWN OF DEATH be executed within 24 and completely filled 11 NAME OF HOSPITAL OR INSTITUT ON (IF not in hospital 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUS NESS OR Randallstown give steetpddiessb Co Gen Hosp. during most of working life, even if retired) INDUSTRY 130 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY , MITS? 3e STREET AND NUMBER odmission) STATE 136 COUNTY Balto. Md. Balto. 3628 Eitemiller Rd. andhrany 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First leose rem Middle lost Middle Lost Charles Coleman Annie May signed by the attending physicion" burial-tronsit permit. Then please requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, nozgrunknown) buriol, cremation, or removol, Balto. Go. Gen. Hosp. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Conditions, if ony, which gove) nse to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the director, page 3 shauld be detoched for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPS/7 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🗔 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive on_____ __19_ causes stated abave, (1) (we) (did) (did nat) view the bady ofter death. 22b SIGNATURE DEGREE PHYS 22d. PHYSICIAN'S 22e, ADDRESS VANASIN NAME (Type) 230. BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) ORRAINE **EUNERAL DIRECTOR** REGISTRAR 5 5 GNATUR

MARYLAND STATE DEPARTMENT OF HEALTH



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED NAME First Middle Lost 20 DATE KNOWNETT Month Dav Year 2b HOUR (Type or Print) CLARA Poge ELIZABETH DUNKELBERGER April 11, 69 :30A DEATH MATER iny delay 2, and 3 t 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE on years IF UNDER 1 YEAR IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR lost birthday) April Day Female White Year 7:30A March 6,1932 37 Dep 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland along with farm U.S.A. WIDOWED TX DIVORCED [77] State (Give Pages Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) dungs most of working life, even if retired) industry manager lear me rs Harket Baltimore 130 USUA, RESIDENCE (Where deceased fived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER odm.ssion) STATE Maryland 13b COUNTY Balto. 2410 Cedarmill Road Balto. YES NO 🗔 24 haurs Office after Herry 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME Middle Charles Adam Roveroft Catherine Clark w haurs Segod Segod Examinef 160 WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, or unknown) 218-26-0615 John Roycroft 2911 Rayshire Rd File 22 within APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per tine far (a) (b), and (c)) permit. farwarded to the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Gunshot wound of head * IMMEDIATE CAUSE TO event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if any, which gove rise ta immediate cause (a), This certificate shauld אחם writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 gnd PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D 9 ar remaval, CERTIFICATION nsed 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO X YES 🗀 shauld be 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) shaufd 21b. TIME OF INJURY Month, Day Year MEDICAL PRIMARY OR CONTRIBUTING Unk. PM 4-11cremation, 19 69 Subj.shot by husband who inturn shot himself CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City of Town County State Bedroom-Home WHILE NOT WHILE X 2410 Cidermill Rd. Balto. Balto. M.D. ū 22a. I certify that I taak charge of the remains described above, held on Autopsy ... Inspection X Inquiry [and in my apinian be retained death resulted fram: Natural causes Accident . Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED 1/69 FUNERAL funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER may Ronald N. Kornblum, M.D. **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) he 0 23a BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 11/11/69 New Cathedral Baltimore, Maryland Burial 24 FUNERAL DIRECTOR **ADDRESS** 2Sq. REC D BY REGISTRAR 2Sb VR A15ME (5) 1 M Leonard J Ruck Inc. Baltimore, Maryland 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05011 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME First M.adle 2a. DATE KNOWN Month Doy Year (Type or Print) MARLIN FOSTER Page DUNKELBERGE April 11,19697:30% DEATH MATED delay 3 SEX 4. RACE S. DATE OF BIRTH AGE (In years F UNDER YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR gud lost berthdov) 1/28/1920 April Doy Male. White Year 7:30 £ 49 Depoi 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH form country) WIDOWED IX USA Baltimore DIVORCED [Give Poges TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital glong with 12c USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
2410 Cidermill Road during most of working life, even if retired). Auto Mechanic INDUSTRY Baltimore Auto deoth. 13g USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LAWTS? 13e. STREET AND NUMBER Maryland 3b COUNTY 2410 Cidermill Rd. Balto. YES NO 124 Balto. ond 2 51101 Tem Office after 14. FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME last Curtis Dunkenberger Pearl Crowl hours poges should be forwarded to the Chief Medical Examiner 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, ar unknown) Blank Funeral Home Sunbury Pa 17801 167241520 Fie APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burrol-transit Candifians, if any, which gove rise to immediate cause (a), This certificate should writing the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying cause = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 Si remova CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate, YES [] NO X pe ò 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, P.M. 4-11- 1969 Self-inflicted CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. Erty or Town County Stote factory, affice building, etc.) WHILE NOT WHILE AT WORK AT WORK Bedroom-Home 2410 Cidermidl Rd. Balto. Balto. buriol, 22a | certify that I took charge of the remains described above, held an | Autopsy | Inspection X. Inquiry and in my opinion director. death resulted fram-Natural causes 🚚 Accident . Suicide x. Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1 SIGNATURE 4/11/69 DEPUTY MEDICAL EXAMINER Ronald N. Kornblum, M.D. **EXAMINER'S** 5 moy ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) the BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burial (Spec fy) Sunbury Millers Crossroads Cem 250, REC D BY REGISTRAR 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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			05020	DIVISION OF VITAL RECORDS,		TE OF DEATH	HMURE, MAK	YLAND 2120		012
and 2			CEASED-NAME First	Middle		Lost	2a. DATE OF	DEATH	001	2bH QVM
Ment		[]	ype or print) BRICE	GILBERT	DU	VAL			2 Bay Ye	69 5:45M
		3 SE	x	4 RACE	S.	DATE OF BIRTH		6. AGE (In years		YEAR IF LINDER 24 HRS. DAYS HOURS MIN
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Α	1	13o admi	USUAL RESIDENCE (Where deceose state) STATE	ad lived, if institution. Residence before	Essex		1,441	eet and number 71 Torne	K	
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			OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		INJURY OCCURRED (Ent	at Borne of Wint	y in Point For Po	rt 2, item 18.)	
		■FDICAL	(If either, notify medical examin 21d, INJURY OCCURRED 21e.	er) P.M. 11 PLACE OF INJURY (AT HOME, FARM, STREET, FARM) OFFICE BUILDING, ETC.		TION Street at R.F.D. N	a. (tv	ar Tawn	County	State
			of work of work		i				,	
3			22o. I certify that (I) (the	s hospital attended the deceosive an APRIL 29	ed_from_MA	ARCH 29, 19	69, to Z	APRIL 2	19 29	that (I) (we) lost
			saw the deceased al	ve on APRIL 29 1, (I) (we) (did) (did not) view the	bady after de	hat in (my) (aur) ap	oiníon death a	ccurred on th	e dote and h	nour and from the
			22b, SiGNATURE	, (i) (we) (did) (did not) view the	uduy arrer de			1	22c DATE SIGNI	IED
			B. K	Chair M.	O, DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS		29, 1969
	1		22d. PHYSICIAN S	, , , , , , , , , , , , , , , , , , , ,	`	22e ADDRESS				
/			NAME (Type) B.K.C				NORTH C		STRE	ET
		230	BURIAL (REMATION, 23b. D. BEMOVAL (Specify)		CEMETERY OR CR	EMATORY tional Ceme	23d LOCATIO	N (City or Town) Baltimor	(Caunty)	(State)
2		24	FUIETAL DIRECTOR	ADDRESS			BY REGISTRAR	2Sb REGIST	RAR'S SIGNATURE	
	1	r	zdzinski Funer	al Home 1407 Easte	ern Ave.	YAM	1 196	9 Schie	arles Ja	udge



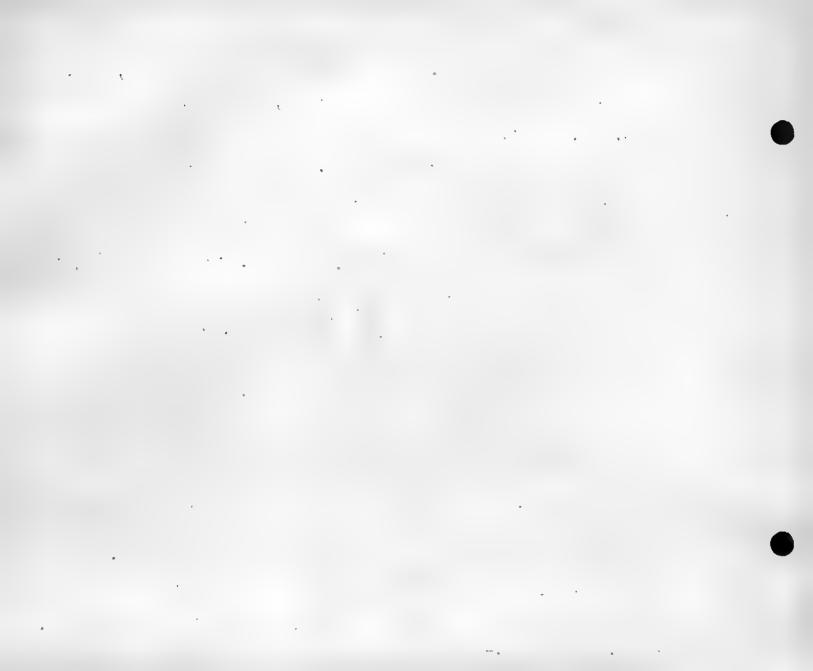
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05014 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. death. (Type or print) Mary A. Ebberts April S. DATE OF BIRTH 3 SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR Jost birthday) MONTHS DAYS Oct. White Female burial, crematian, ar remayal, and in any event, within 72 haurs executed within 24 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 Balto., Md. Baltimore campletely filled in U.S.A. DIVORCED [WIDOWED [10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR INDUSTRY TOME. Woodlawn please remave carban 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maruland Woodlawn 14. FATHER S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Reinhardt Franz Manie PHYSICIAN: The law requires that the death certificate be signed by the attending physician burial-transit permit. Then please 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes no or unknown) *\$12-05-2715B* Kemp-1519 Woodcliff Ave 1B. CAUSE OF DEATH (Enter only one cause per line for $(g)_{r=1}(b)$ and (c)) BETWEEN DISET AND DEA PART 1. DEATH WAS CAUSED BY 2-300 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, iffany, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUI_NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WI 2Da. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO F Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a I certify that (I) (this hospital) attended the deceased from 19 (1) (this hospital) attended the deceased from 19 (1) (this hospital) attended the deceased from 19 (1) (this hospital) attended the deceased from the saw the deceased alive an 19 (1) (1) (this hospital) attended the deceased from 19 (1) (this hospital) attended the deceased f causes stated abave, (1) (we) (did) (did of) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF mes DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (State) 23g BURIAL CREMATION, BEMOVAL (Specify) Meadow Ridge Mem
ADDRESS Elknidge 2Sb. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR John T. Stansbury, Sr. -6411 Windson Mill Rd.



	r\	MARYLAND STATE DEPARTMENT OF HEALTH	
	N	05023 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05015
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le of the control of		(Type or print) Estelle H- Edson 4 Month 200-	Year Q / D Z SM
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be executed within 24 haurs after death, and completely filled in by the teneral are remave carban papers Page 1 in any event, within 72 haur after death.		F W 8/2/1900 last birthday) YRS, MONTH	
haur in by rs p	7a cau	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
24 in per	_	auntry) Md. 4.5.A. WIDOWED DIVORCED BA 140.	Md
equires that the death certificate be executed within 24 I physician. signed by the attending physician and completely filled in burial-trans t permit. Then please remave carban paper burial, crematian, or removal, and in any event, within 72	10	give street address) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b KIND OF BUSINESS OR DUSTRY
drb arb	13a	Ba USUAL RES DENCE (Where deceased lived) if institution Residence before 13c CITY OR TOWN 13d MySIDE CITY Library 13e STREET AND NUMBER	1
complex comple	adm	dmssian) STATE M. O. 136 COUNTY BAHOS BAHOS BALON YES NOW 3025 Beach	hfieldare
a a a a	14,	4. FATHER'S NAME FIRST Middle Lost 15. MOTHER'S MAIDEN NAME FIRST Middle	Lost
	_	Charles toster Margaret Hedden	ryer
ATTENDING PHYSICIAN: The law requires that the death certificate standed by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physicial shauld be detached far use as the burial-trans t permit. Then pleas tith the State Dept at Health priar to burial, crematian, or removal, and		6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or Unknown) (1 yes give war or dates of service) Address	0
phy en oval		A/2-03-8766 Mrs. Earl Gable, 302 S. Beechfiel	d Ave.
an the second se		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY: HYPE PART I DEATH WAS CAUSED BY:	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
andi nit or r		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 444PERNETH ROMA	
atte		DUE TO, OR AS A CONSEQUENCE OF	
t th		(anditions, if any, which gave) (b) CARLINCILATES is wisle spread I nse to immediate cause (a).	
tha in. by ran		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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ar are			8)
a familiar de la companya de la comp	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year	
has the spot	₩.	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Cou	unity State
NING PHYSICIAL by the haspital ffer this certifica be detached fa state Dept af H		at work at wark	~
INC by 1 ffer stati	1	220. I certify that (I) (this hospital) attended the deceased from 7/22, 1967, to 1/26, 1969 saw the deceased drive an 1/22 1969, and that in (my) (our) apinion death occurred on the date or	T, that (1) (we) Tast
ed ed lid		saw the deceased afive an 1923 and that in (my) (our) apinion death occurred on the date or couses stated above, (1) (we) (did) (did nat) view the bady after death.	id hour and from the
T to D at t			TATALON OF
OR ATTENI De retained SIRECTOR: A e 3 shauld ed with the		226 SIGNATURE ATTENDING MED. STAFF 220 DAJES LE 201 L2 DEGREE PHYS DIRECTOR PHYS 1/2	L/CG
AL AL O D D D D D D D D D D D D D D D D D D		22d. PHYSICIANS - 22e. ADDRESS (?O / Fig. 4) 1/6 P	010
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shau,d be filed with the State Dept af Healt		NAME (Type) E. KASAITI'S, M.D Betti was tred 21.	2 2 7
HO HO LECT FECT FOR USE	23 a		unty) (State)
5 5 5 £ 2	Bu	hurial 4/29/69 Crestlawn Cemetery Howard County, Md	
VR AISTING	24	Witzke, 4101 Edmondson Ave., 21229 250 RECUBY REGISTRAR 256 REGISTRAR'S SIGNAL DIAPR 29 1969 Climber	
45M 1/49	L"	Witzke, 4101 Edmondson Ave., 21229 DAMPR 29 1969 KCharles	Judge



MAKILANU STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05024 05016 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2a. DATE OF DEATH 2b. HOUR) and dea *Type or print) Harry, Farber 3 SEX 4. RACE requires that the death certificate be executed within 24 haurs after S DATE OF BURTH --6 ASE (in years IF LINDER I YEAR IF UNDER 24 HRS Male White MONTHS! tast Birthday) 75UOH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED RTCHMOND, VA. U.S.A. WIDOWED T DIVORCED [Balto. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hosp tol 12a USUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Balto. HOSD PLUMBER even fretired) Balto. ing physician and campletely Then please remave carban removal, and in any event Gen. 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13e STREET AND NUMBER 13d NSIDE CITY LIM TS? 136 COUNTY YES V NO L 4. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Lost CHARLES FARBER IDA SCHERR 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, grunknawn) 213-03-7263 MR. IRWIN FARBER, 8539 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, signed by the burial-transit p Canditions, if any, which gave: rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 at Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work O HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE ATTENDING MED DIRECTOR DEGREE PHYS 22d PHYSIC AN S 22e. ADDRESS NAME(Type)Gre orio Marfori, M.D. BCGH House Doctor 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION, 23b. DATE 23d LOCATION (City or Town) (County) (State) BURY (Specify) 4-25-69 HEBREW YOUNG MEN BALTIMORE, MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 2Sa REC D BY REG STRAR 25b REGISTRAR'S SIGNATURE Milarles 1969

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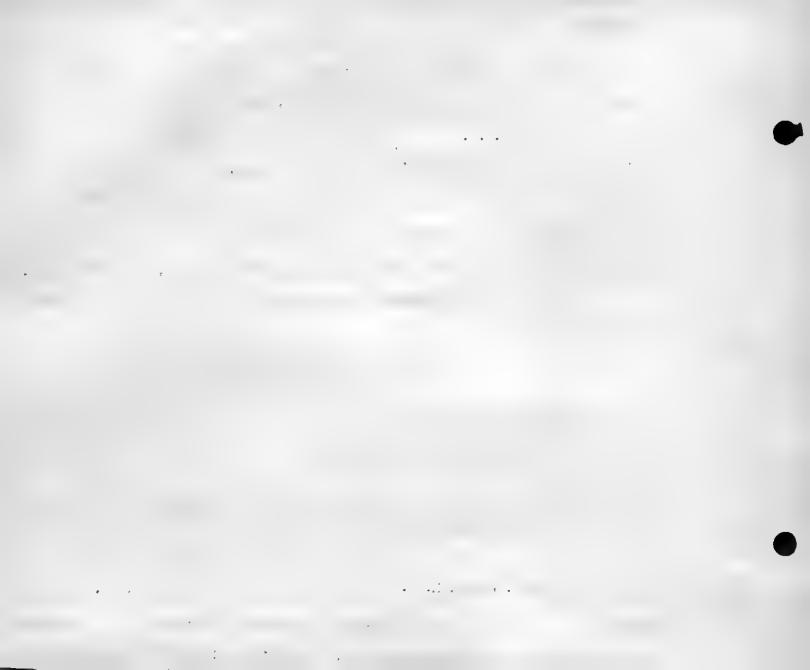
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+		05026	DIVISIO	N OF VITAL RECORDS,)		RESTON STR	05018	3		
death. neral and 2 death.		CEASED NAME First ype or print) Alice		Middle L.		Lost Ferren		DATE OF DEATH	Yenr 2	b. HOUR A
de an				п,					1969	- J J J III
rs after deal	3. SE	x Female	4. RACE	White		9/6/1		6. AGE (in years lost orthday)	IF UNDER 1 YEAR OF UN MONTHS DAYS HOU	IDER 24 HRS.
2 A A A A A A A A A A A A A A A A A A A	7a. E	BIRTHPLACE (State or foreign	b. CITIZEN	OF WHAT COUNTRY?	8 MARRIED	NEVER MAR	P/FD 9. CO	UNTY OF DEATH		
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fille if hin	10. C	IT OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS	,		120 USUAL OCC	UPATION (Kind of work done working life, even if retired.)	126 KIND OF BUSIN INDUSTRY	ESS OR
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completely filled nave carban page yevent, within 7	admi	ESUAL RESIDENCE (Where decease sistem) STATE Md	13b. CO	Balto	Glend		AEZ NO X	13e. STREET AND NUMBER 7609 Tweedb	rook Rd.	
exe emc any	14. F	ATHER'S NAME First	M	ddle Last	15	MOTHER'S MA	IDEN NAME First	Middle	Lo	st
be n at		Charle	5	Ridgley			Mary	R. M.	ac Dow	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral shaut'd be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauth the State Dept. at Health prior to burial, cremation, ar remaval, and in any event, within 72hours after death	160 Y	WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give wor	D FORCES? or dates of see	vice) 218-32-0		NFORMANT	Ferrens	Address 6709 Tweedbr	ook Rd,	
cert g pl		18 CAUSE OF DEATH (Enter only	опе саизв						APPROXIMATE IN BETWEEN ONSET AN	
ath ndin nt. rr re		18 CAUSE OF DEATH (Enter only PART DEATH WAS CAUSED IMMEDIAT	BY FAUSE (o	Arteriosc.	lerot	ic car	rdiovasc	ular diseas	e 15 yr	
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the after		Canditions, if any, which gave		Secondary	anem	ia			l yr.	
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sicio sicio ed l al-ti		last.	(c)						
equires that th physician. signed by the burial-tamostr i		PART 2. OTHER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(0)		
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IAN: The law reital or attending I ficate has been sfar use as the k Health prior tab	CERTIFICAT	190 DATE OF OPERATION 196 CO	HOITIONE	OR WHICH OPERATION WAS PER	FORMED	20a. AUTO	NO 🔀	20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFY	ING
T ro a ro	CERT	210 ACCIDENT WAS UNDERLYING	216 1	TIME OF INJURY	21c. HC			B of injury in Port 1 or Port 2,	Item (8.)	
irel Dital Diffico Diffico Diffico Diffico Diffico	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	r) HOUR	R A.M. Manth Day Year P.M. 19					,	
Page 4 may be retained by the hospital or aftending physician. To EUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior to burial, cre			ACE OF IN	JURY (AT HOME, FARM, STREET FACTOFFICE BUILDING, ETC.	ORY) 21f LO	CATION Stree	tarRFD No	City or Tawn	County	Stote
NG the transport		22a certify that (1) (this	-bospital	I) attended the decease	d from A	pril	9 19 57	to ADTIL 5.10	69 that (1)	(wa) last
NDIII Id by Id by Id by Id by		22a I certify that (I) (this saw the deceased of	e on L	arch 29	69, one	d thot in (m	y) (eur) opinion	deoth occurred on the de	ite and hour and	from the
GR. dine		couses stated abave,	(I) (we)	(did) (dia sot) view the l	oady after a	death.				
REC 3 SI		22b. SIGNATURE	. 6	Saular	mx	ATTENDIN EE PHYS.	G MED DIRECTO	STAFF CILA	pate signed r. 7, 19	69
AL C		22d. PHYSICIAN'S	10	CAROGEO E	2 740	22e. ADDI		K CO FINS COLOR	,, _,	
FRA ERA		NAME (Type) Dr. L	Loyd	E. Saylor			3902 0	Freenmount Ave		
HOS Be to the standard of the	23a.	BURIAL, CREMATION, 236 DA		23c NAME OF	EMETERY OR	CREMATORY	23d	LOCATION (City or Town)	(Struco)) (Str	ate)
5 5 5 g 2 1			/8/19		raine (Cemeter	у	Woodlawn		Md.
VR A15 (4)		FUNERAL DIRECTOR		ADDRESS			250 REC D BY REGI	STRAR 25b REGISTRAR S	SIGNATURE	
30M REV 1/68	Mi	tchell Wiedefel	1 Hor	ne obuu York l	id,		DATE APR.	4 1111 G 11111	la Judge	1



	MAKILAND SIAIE DEPARIMENT OF HEALTH
-	0502 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05019
FOR STATE	MEDICAL EXAMINER O CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Middle tost 2a DATE KNOWN I Month Doy Year 2b HOUR (Type or Print)
ge to	(Type or Print) MARGARET M. FETZ DEATH MATED APR. 2019698 AM
and 3 frament Po	3 SEX 4. RACE S DATE OF BIRTH . 6. AGE (in years I IF UNDER 1 YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD 2d HOTIE
ny delay is 2, and 3 to PM3. Page	F W 10/2 9/99 (art burthday) MONTHS DAYS HOURS M.M. MORE Day Veor 69 9 55 M.M.
	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH
ath any delay oggs 1, 2, and 3 th form PM3. Po. State Department	(ountry) AA C 1/5 A WINDWED D DIVOPCED D COLUMN
ges a fo	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
Po Po with	ESSEX give street oddress) FASTFRA during most of working life, even if ret red.) INDUSTRY
offer de 8. Give P arong with the teath	
y offe 18. Gi	ndm count CTATE 126 COUNTY Of a 157 Fine Fine
7 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
24 Hear 18, Give Pages it is Office along with for ses 1 and 2 with the State its after death	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
42 E S S S S S S S S S S S S S S S S S S	HENRY CUMBERLAND MARGARET KELLNER
ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (It yes give war or dates all service) (Yes, na, or unknown)
l with n pen Exam	MICHAL F. FETZ ABOUT
9.5 £ £ £	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
executed nding" is Medico! permit.	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I PAGE TO PRESENT OF THE BETWEEN ONSET AND DEATH
Me pe	174 X DE TO, OR AS A CONSEQUENCE OF
De lef Per lef msit	Conditions, it only, which gove) the tastasis (now, My it
4 5 G 4 5	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
shauld be e te word "per o the Chief I buriol-tronsit I in ony ever	last.
to to pu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
INER: This certificate shauld be executed within 24 Treurs after death should be terrificate, writing the word "pending" in pencil in item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a buriot-transit permit. File pages land 2 with the State Defaction, or removal, and in any event, within 72 hours after death	PART 2 OTHER BOHINGARI COMPTIONS CONTRIBUTING TO DOMES BUT NOT RESAILD TO THE TERMINAL DISEASE OR CONSTRUM GIVEN IN PART 1(0)
ritifi ratifi val.	I 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
VER: This certi certif cote, writ hould be forwan iles. should be used tion, or remova	S WAS PERFORMED?
This cote	210 EXTERNAL CALSE WAS 21b TIME OF INJURY Month Doy, Year 21c HOW INJURY OCCURRED (Enter nature of unjury in Port 1 or Port 2 Item 18)
In the state of th	210 EXTERNAL CALSE WAS 21b TIME OF INJURY Month Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) HOUR A.M.
INER: e cert shoul files. 3 shou	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 21d INJURY OCCURRED 121e PLACE OF INJURY (At home, Farm, street) 21f, IOCATION Street or R.F.D. No. City or Town. County Store
	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.)
XA XA Integrate your your cre	AT WORK AT WORK
DEPUTY Stessory, please execute the cert is funeral director Page 4 shoul may be retained for your files. FUNERAL DIRECTOR: Page 3 shoule ealth prior to buriol, cremotion.	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ond in my opinion
CT Ged bur	deoth resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined monner
please please I director retained to bixe	CHIEF MEDICAL EXAMINER
in the part of the	ACTUAL SIGNATURE
UT)	DEDUTY APPLICATION OF THE PROPERTY OF THE PROP
o DEPUTY necessory, please the funeral direct 5 may be retaine 5 FUNERAL DIRE Health prior to	EXAMINER'S NAME (Type) M. B. D. O. C. C. ADJESSISTING MAY DATE AND A CONTROL OF SOUTH AND A
TO DEPUT necessory the funer 5 may be fo FUNERA Health p	230 BURIA, CREMATION, 236 DATE , 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	REMOVA. (Specify)
	RURIAL 1/23/61 SACRED HEART: BALTO, MD 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
VR ATSME (SIL)	
10M REV 1 68	J. G. CONNELLY SONS 300 MACE DATE APR 24 1969 Ochanilas Yudge:



05028		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	05000
1. DECEASED NAME Furst (Type or print) ALFRED	Middle	Lost	20. DATE OF DEATH APRIL Month 2	05(12) 2b. HOUR: 1:30
	4. RACE NEGRO	S. DATE OF BIRTH May 2, 18	6 AGE (In years	IF LINDER 1 YEAR OF JNORE 24 HRS MONTHS DAYS HOURS MIN
70 BIRTHPLACE (State or foreign country) VIRGINIA 71	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED THEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH BALT IMORE	
FORT HOWARD	11 NAME OF HOSPITAL OVER	TON HOSPTTAT. during in	IAL OCCUPATION (Kind of work done nost of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
.30 JSUAL RESIDENCE (Where deceased odmission) MARY LAND	lived if natitution Residence before	BALTIMORE 13d. INSIDE CITY	LIM TS7 13e STREET AND NUMBER	Street
14. FATHER'S NAME First GEORGE	Middle Lost FINNEY	IS MOTHER'S MAIDEN NAME		Lost
160. WAS DECEASED EVER IN S. ARMED Yes, no, or unknown) (If yes gove war o	FORCES? TES SOCIAL SECURITY N	7 INFORMANT	Address	Howard Md.
Conditions, if ony, which gove nise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
TO BIRTHPLACE (Stote or foreign country) VIRGINTA ID CITY OR TOWN OF DEATH FORT HOWARD 30 JS_AL RESIDENCE (Where deceased odmission) MARY LAND 14 FATHER'S NAME First GEORGE 160. WAS DECEASED EVER IN _S ARMED YES, no, or unknown) [It yes give ware ware was no great to immediate cause (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS to immediate cause (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS (If yes or carried the comment) [It yes give ware was not expected by the conditions of the comment	NOTION FOR WHICH OPERATION WAS PER	YES NO	3	
OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical exominer) 21d :NJRY OCCURRED 21e, PL		21c. HOW INJURY OCCURRED (Ente	er nature of injury in Port 1 or Part 2,	County State
222b SIGNATURE		d from Mat 31 , 19 (2007) and that in (nk) (aur) appared after death.	inian death accurred an the d	of 69, that (F) (we) last ate and haur and fram the DATE SIGNED
230 B. RIAL CREMATION 230 DAT	V. JUVAN, M. D.	VA Hospit:	al, Fort Howard,	Md . (County) (Stote)
BURTAL		RE NATIONAL CEMETE		MARYLAND



		D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI		
05029		ERTIFICATE OF DEATH	mone, manifemb 21201	05021
1 DECEASED NAME First	M.ddle	Lost	2a. DATE OF DEATH Month Lo Doy	2b. HOUR A
(Type or print) Margar 3 SEX Female 70 BIRTHPLACE (State or foreign country) VEGANIA 10 CITY OR TOWN OF DEATH TOWSON 13a USUAL RESIDENCE (Where decease admission) STATE 14. FATHER'S NAME First	ette Marie	Fisher	4 10	09 112:504
Female	White	5. DATE OF BIRTH 12/1/27		IF UNDER + YEAR IF UNDER 24 HRS. NONTHS DAYS HOURS MIN
70 BIRTHPLACE (State or foreign country) VIRGINIA	7b. CITIZEN OF WHAT COUNTRY?	A	COUNTY OF DEATH	
10. CITY OR TOWN OF DEATH	U. S. F	WIDOWED DIVORCED D	Baltimore	Md
6 Towson	give street address)		L OCCUPATION (Kind of work done start working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where decease admission) STATE	ed lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY LIN		KE AVE
14. FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME FI	rst Middle	Last
CHEDIEGE	L. NEE/L		E Bun	CKE
16a. WAS DECEASED EVER N U.S. ARM Yes, no or unknown) (If yes give we	formers to setab so se		71 1007 R	BURKE AN
To sure or bearing		578 WilliamE.	FISHER 10	APPROXIMATE INTERVAL
PART I DEATH WAS CAUSED	y ane cause per l'ne far (a), (b), and (c).) BY:			BETWEEN ONSET AND DEATH
16 X 1	TE CAUSE (o) Broncho DUE TO, OR AS A CONSEQUENCE OF	genic carcinoma _		
Conditions, if only which gove)	(b)			
rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
last,	(5)			
PART 2 DTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART I(c)	
190. DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?	206. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
190. DATE OF OPERATION 196. C		YES NO	CAUSES OF DEATH?	es
	216 TIME OF INJURY HOUR A.M. Month Doy Yeor	21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 or Part 2, its	
OR CONTRIBUTING CAUSE OF DEATH	er) P.M. 19			
While Not while at wark		ORY) 21f LOCATION Street or R FD. Na.	City or Town	County State
22o. I certify that (I) (this	hospitol) ottended the deceose	d from 3/21 , 19.69 9.69 , ond thot in (my) (our) opin	2, to4/16, 19	69_, that (I) (we) lost
conzes stated opone	, (I) (we) (did) (did not) view the I	ody ofter deoth.	non death occurred on the don	e ond nour ond from the
22b. SIGNATURE	6.0.	ATTENDING MI	D STAFF 22c. Da	ATE SIGNED
22d. PHYSIZIANS	Halan	DEGREE PHYS. DI	RECTOR PHYS. Apr	il 16, 1969
NAMPE (Type) John E	. Adams, M. D.	6701 N. Cha	arles St.,Baltimon	re, Md. 21204
230 BURIA., (REMATION, 23b. D	ATE 23c NAME OF 1	EMETERY OR CREMATORY	23d: LOCATION (City or Tawn)	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY	REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE'
HigiNhellan-3	PACK Ellis	TI City MIZE APRO	1 1900 000	



MAKTLAND STATE DEPARTMENT OF HEALTH







	1			DIVERDI		MARYLAN						ND 01001		
		05033		NIAISION	OF VIIA	L RECORDS,		CATE OF		IIMUKI	, MAKTLA	ND 21201	0502	5
٠ 2 4		ECEASED NAME	First			Middle	- CIVIIII	Last	DEATH	2a [DATE OF DEATH	1		2b. HOUR
death merel and 2 death	(1	ype or print)	John			L.	Fr	ancis			Apri	Month Day	1969	5:25 A
Ter 10	3. SI			4 RACE				S. DATE OF BI			6 A	GE (In years	F JINDER YEAR MONTHS DAYS	IE UNDER 24 HRS HOURS MAIN
2 2 2	_	Male		Whi				5-9-	-1898			t birthdoy) 70 YRS.	MONTHS DATS	PROUIS MAN
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24 led i apper	30 (Maryla ITY OR TOWN OF DEA			SA 11 NAME OF	HOSPITAL OR INS	WIDOWED	Bridge"	RCED	IAL OCCU	Balti	more of work done	TOL VIND OF	Md.
cated within 24 th		Towson	ın		give street ac	dress) Josepl	Work Took	ior in nospiror	during n	nost af w	orking life, e	ven if settled)	INDUSTRY	BUSINESS OR
ed w Vetel	13o	USUAL RESIDENCE (W	nere deceos	ed lived, if in:	stitution: Res	edence before	13c CITY OF	R TOWN	13d. INSIDE CITY	LIMITS?	13e STREET A	IND NUMBER	DELL	employe
ta de a		ssion) STATE Mary	land	13b. COUN	" Balt	imoreCo				10 🔀	1801	E. Jopp	a Rd. 2	1234
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the haspital ar attending physician. **INRECTOR: After this certificate has been signed by the attending physician and competely filled in blance as should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages I ad with the State Dept af Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after the state Dept af Health priar to burial.	14. (ATHER'S NAME (· Fra	ncis Midd	die	Last	1	S. MOTHER'S MA	aiden name	Eppu	ig	Middle		Last
ertificate be physician of physician please and irea		WAS DECEASED EVER		ED FORCES?		DEIAL SECURITY N	10 17	INFORMANT	_			Address		
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ng I		18. CAUSE OF DEAT PART I. DEATH	MAC CALIFFR	DV.				0					BETWEEN	IMATE INTERVAL ONSET AND DEATH
deat mit.		. 1	IMMEDIA	TE CAUSE (o) .		rdial I	nfarc	tion, N	assiv	<u> </u>				
he a per tion		Conditions, if any, w	hich agus \			NSEQUENCE OF								
nsith in		rise ta immediate :	ause (a), (alized NSEQUENCE OF	Arter	10SCLer	0518		<u> </u>		-	
d by		stating the underly	ng couse	υυς 10, (ε)		NSEQUENCE OF								
quires that the death ce physician. signed by the attending burial-transit permit. The burial, cremation, ar remi		PART 2 OTHER SIGN	FICANT CON			DEATH BUT NO	T RELATED T	O THE TERMINA	L DISEASE OR	CONDITIO	ON GIVEN IN P	ART !(a)		
v reing I	=													
s lay s be as t as t	CERTIFICATION	190. DATE OF OPERATI	ON 19b. (ONDITION FOR	R WHICH OPE	RATION WAS PER	FORMED	20o. AUTO			20b IF YES, 1	WERE FINDINGS (ONSIDERED IN	CERTIFYING
The ratte e has use a lith pr	ERTIFI	B) - ACCIDENT INAC	HAIDEDI WAN	0 [63] 80			12	YES 🗀		n.				
IAN: ol o ficato far Heo		21a ACCIDENT WAS	CAUSE OF DEATH	HOUR A	ME OF INJURY A.M. Mont	r Day Year	21c H	DW INJURY OCC	CURRED (Ent	er noture	of injury in F	Port 1 or Port 2,	Item 18.)	
rspit aspit certif hed at af	MEDICAL	(If either, notify med 21d. INJURY OCCURR		er) F PLACE OF INUL	P.M. IRY ZATHOM	F, FARM, STREET FAC BUILDING, ETC.		OCATION Street	et or RED N	0	City or To	W/D	County	State
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept af Health priar ta burial, crea		While Not while at work			OFFICE	SUILDING, ETC.	/	3100	VI WI 11.10. IV		city di 10	****	2001117	210.0
ADING d by t After d be d		22a. I certify th saw the de	at (l) (thi	s haspital)	attended	the decease	d from _	March	30_, 19_	69 .	10 <u>Apri</u>	1 4, 19	<u>69</u> , tha	t (I) (we) last
FENE ned Uld the		saw the de	ceased al ed abave	ive an . () (we) (c	did) (did no	ot) view the l	odv after	d thot in (m deoth.	iy) (our) ap	olnion d	leoth occur	red on the do	ite and havi	and from the
ATI effai sho vith		22b. SIGNATURE		, , , ,	1		/		NC	MED	- CTA		DATE SIGNED	
OR DIRE		Ge	rale	uet	e. 3	N.114.	2 — DEG	*****		MED. DIRECTOR	STA	S. K	pril 4,	1969
may RAL Pag pag be fil		22d. PHYSICIAN'S NAME (Type)	Gualh	erto 0	Colrin	.Tr. h	1.D.	22e. ADD	RESS					
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	23.0	BUR AL, CREMATION,	23h D			23c NAME OF C		CDEMATORY		1 234	LOCATION (Cit	v or Town)	(County)	(State)
Page A File	£34.	POMOVAL (Specify)	200. 0	ni/7		brelan			Dank	1 _	rkvill			(Signa)
	24	FUNERAL DIRECTOR	1.70	-		ADDRESS		IICOL I	1.25m. REC'D	BY REG S	TRAR 2	STARG STRARE	SIGNATURE	•
30M REV. 148		John Burn	s' So	ns, To	rwson,	Marylo	ind		APR 1	U	1969	y ware	J. W	

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]		05034	DIVISION O					E, MARYLAND 21201	05026	
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nours after by the factor of t	3. SE	X Male	4 RACE Whit	te		ovembe	er 21, 1	898 6 AGE (In years lasymotholay)	RS. IF UNDER 1 YEAR DAYS	1F UNGER 24 HRS. MOURS MIN.
4 hour d in by Ders. P72 hour		BIRTHPLACE (State or foreign 7 Maryland	USA		^{8.} Married Ni Widowed	DIVORCED		unty of death Saltimore		Md
vithin 2 ily fille ian pap within		Phoenix	f f grv	NAME OF HOSPITAL OR INST re stead dess) Mill	Road If not in h	ospitol	120 USUAL OCC	UPATION (Kind of work do	ne 125 KIND OF	mployed
unted volume	130. odm	USUAL RESIDENCE (Where deceased ssion) STATE Maryland	lived, if instit	Baltimore	Phoenix		NSIGE CITY LIMITS?	130. STREET AND NUMBER Paper Mile	L. Road	
be executed within 24 hours after death and sampletely filled in by the tinemer erremance carban papers. Pages and lin any event, within 72 hours after death	14	ATHER'S NAME First Joseph 1	Middle reelar		Is. Mo	HER'S MAIDE	N NAME FIRST	Middle CE		Lost
hysicion pleasi	160 Y	WAS DECEASED EVER IN U.S. ARMERIES, no, or Adknown)	or dates of service)	16b. SOCIAL SECURITY N				Address	5	
Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remane carban papers. Pages should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after the property of the state Dept.		4124	BY. : Cause (0)	line for (o), (b), and (c),) R AS A CONSEQUENCE OF	(0)	1. d	esea	re	APPROXIA BETWEEN O	MATE INTERVAL MSET AND DEATH
requires that the j physician. signed by the c burial-transit p burial.		Conditions, if ony, which gove trise to immediate cause (o), stating the underlying cause lost	(c)	r as a consequence of						
The law requires th attending physician has been signed by se as the burial-tra h priar ta burial, cre	z	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE	TERMINAL DI	SEASE OR CONDIT	ION GIVEN IN PART 1(0)		
The lav attendi has be se as t th priar	CERTIFICATION	190. DATE OF OPERATION 196 CC	INDITION FOR V	WHICH OPERATION WAS PER	FORMED 2	Oo. AUTOPSY YES 🔲	? NO 🔲	20b. IF YES, WERE FINDING CAUSES OF DEATH?	ĠŠ CONSIDERED IN CE	ERTIFYING
CIAN: vital or nificate of for u	ਤ	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.N	Λ. 19			,	re of injury in Port 1 or Port	1 2, Item 18.)	
JING PHYSICIAN: by the hospital or fler this certificate be detached far u State Dept. af Heal	MED.		LACE OF INJUR	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATIO	ON Street or	R.F D. No.	City or Town	County	Stote
Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ushauld be filed with the State Dept. af Heali		22a. I certify that (I) (this saw the deceased aliveauses stated abave,	haspital) a /e an (1) (we) (dia	ttended the decease 4/0/49 19 d) (did nat) view the b	from , and the ady after deat	it in (my) (h.	, 19 <u>58_</u> , (qur) opinian	death accurred on the	e date and hour	(1) (y ce) last and fram the
OR ATTENI be retained DIRECTOR: A ge 3 should led with the		22b. SIGNATURE	71	ance	DEGREE	ATTENDING PHYS	MED. DIRECTO	OR STAFF PHYS.	22c. Date Signed	
O HOSPITAL Page 4 may O FUNERAL I directar, pag shauld be fil		22d. PHYSICIAN'S NAME (Type)	M.F	RANCE		22e. ADDRES	TAR	KTONI	10	
TO HO Page TO FUI direct	B	BURIAL, CREMATION, 23b DA REMOVAL (Specify) Apr	il 15, 1		Grove C	emeter	4 G	LOCATION (City of Town)	Maryland	(Stote)
30M REV 1 48	24	John Burns'	Sons,	Towson, Mar	yland		o. REC'D BY REG ATE APR 1		AR'S SIGNATURE	ug.

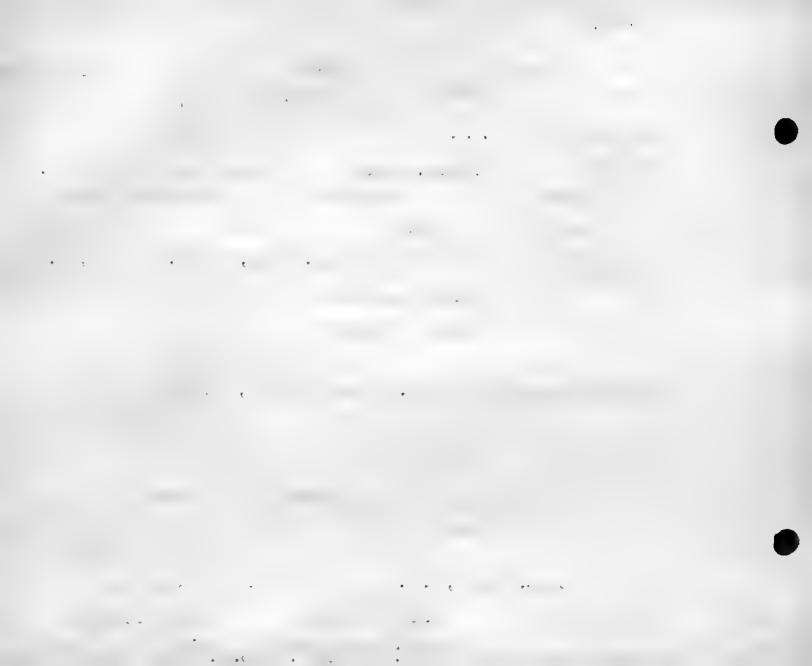
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- 1			ID STATE DEPARTMENT OF I		
	05036		, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	05000
L			CERTIFICATE OF DEATH		05028
l,	(Tuno or print)	st Middle	Lost	20. DATE OF DEATH	Yeor 2b Hour
1 2	SEX MAR	IE E.	FULLER	April Month 19, Doy	1969 A M
ľ			S. DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
71	Female BIRTHPLACE (State or fareign	75. C-T-ZEN OF WHAT COUNTRY?	12-3-1902	9. COUNTY OF DEATH	
0	Maryland	U.S.A.	8. MARRIED [X] NEVER MARRIED [Baltimore	
L H	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR JA	STITUTION (If not in bosnito) 12n 115th	AL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
ı	Catonsville	give street address) Summit Nurs	ing Home Ret	ast of warking life, even if retired)	INDUSTRY
13	o USUA, RES DENCE (Where dece	ased lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CITY L		
di	mission) STATE Marylan	d 13b COUNTY Baltimore	Woodlawn YES NO	6725 Kinchelo	e Avenue 21207
14	FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME F	ust Middle	Lost
	Joseph	Serra	Lillian	(Unknown)	
14	ka WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes giv NO			Address	
-		220-07-9	851A Mr. Thomas J. 1	Ruller, 6725 Kinc	heloe Avenue
	PART I DEATH WAS CAU	anly one cause per line for (a), (b), and (c) SED BY			BETWEEN ONSET AND DEATH
	IMMEI	DIATE CAUSE (a)	Conscipence		344.
	Conditions, if any, which gav	DUE TO, OR AS A CONSEQUENCE OF	Children O	Writan Disease	
	rise to immediate couse (a) stating the underlying caus), ((b)	/A.	ward Carean	ξ
	last.	(c)	Care	relutio")	
	PART 2. OTHER SIGNIFICANT C		OT RELATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1(a)	
2			Marcona	.,	
CATIO	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PE	REORMED 20g AUTOPSY?	206 IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
MEDICAL CERTICIONATION		,	YES NO	CAUSES OF DEATH?	
17 18	21d ACCIDENT WAS UNDERLY	FATH HOUR A.M. Month Dov. Year	21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18)
JEDIC	(If either, natify medical example 214 ill inv accurage	niner) PM I	9		
4	21d IN. JRY OCCURRED 21 While Nat while at wark of work	8. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	(TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
	220 certify that (1) (1	this hospital) attended the decree	od from 1 = 3	10 (L. VG 10	(-9 4-10) () ()
	saw the deceased	alive on T-18	ed from 1-3 , 19£ 19 1, and that in (my) (our) opi	nion death occurred on the do	te and hour and from the
	ranses staten and	ve, (I) (we) (did) (did nat) view the	body ofter death.		
	226 SIGNATURE	2-10lin0200	ATTENDING M		DATE SIGNED
	22d. PHYSICIAN'S /	1. Journal	DEGREE PHYS D	RECTOR PHYS.	7-20-69
	NAME (Type) Dr.	John F. Schaefe	r 401 Randon	Road, Baltimore	, Maryland
23	a BUR AL, CREMATION, 236	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	DEMONING CA		ne Park Cemetery	Woodlawn , Mar	
	FUNERAL DIRECTOR	ADDRESS	25% BFED B	REGISTRAR S	SIGNATURE
	Howard H. Hubba	ard, 4107 Wilkens A	ve. 21229 355 4	ישושים ו מסכו ע	AN HARRISTON



	1 %	05037 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	- 9	CERTIFICATE OF DEATH	
	r death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or pnnt) GAYLORD Month 30 89 7	HOUR
	haurs after death	9 579	IDER 24 HRS
		70. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED VER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED BALLY TMORE	Md
	within 24 Priled in ban paper within 72	TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor give street oddress) 120 USUAL OCCUPATION (Kind of work done during most of working fee even firetired) 12b KIND OF BUSIN 11 NAME OF HOSPITAL 12c USUAL OCCUPATION (Kind of work done during most of working fee even firetired) 12c USUAL OCCUPATION (Kind of work done during most of working fee even firetired) 12c USUAL OCCUPATION (Kind of work done during most of working fee even firetired) 12c USUAL OCCUPATION (Kind of work done during most of working fee even firetired) 12c USUAL OCCUPATION (Kind of work done during most of working fee even firetired)	IESS OR
	we care	130. USUAL RES DENCE (Where deceosed lived, if institution Residence before odmission) STATE MARYLAND 13b (OUNTY BALTIMORE YES) NO 13d INSIDE CITY JAMISS 13e STREET AND NUMBER 1324 Ellwood Avenue	
	be execution of the copy of th	14. FATHER'S NAME First Middle Lost .5 MOTHER'S MAIDEN NAME First Middle Lo ELLIS GAYLORD SUSIE THORPS	st
	physician yen please	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, not respond to the second of the sec	
	the death c the attending sit permit. The matian, ar rem	18. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove itse to immediate couse (a), (b) CEREBRAL HEMORRHAGE DUE TO, OR AS A CONSEQUENCE OF UNITED TO THE MINISTRY OF THE MINISTRY OF THE CONSEQUENCE OF CON	TERVAL ID DEATH
•,	law requires that th nding physician. been signed by the s the burial-transit tar ta burial, cremati	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) APPERED TOSC LEDGOTTO HEADY DISEASE DIABETES MELLITUIS CLINICAL.	
1	t: The loar attent te has be use as ofth price	190 DATE OF OPERAT ON 196 COND T ON FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INLURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	ING
	YSICIAN aspital certifica thed far	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor Off either, notify medical examiner) P.M. 19 2 (If either, notify medical examiner) P.M. 19	Stote
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transpace of the state bear of the state burial transpace.	While Not while of work 220. I certify that (b) (this hospite) of tended the deceased from 19, and that in (ay) (our) opinion death occurred on the date and hour and in courses stated above, (it (we) (did) (this hospite) view the bady after death.	(we) last
	PITAL OR AT may be reta ERAL DIRECT page 3 sh is tiled with	226. SIGNATURE OLI PHYSICIAN'S NAME (Type) JOHN D. TALBERT, M. D. DEGREE PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Ty	
	TO HOSPITAL Page 4 may by TO FUNERAL D director, page shaved be file		ote)
	VR AT ASM	24. FUNERAL DIRECTOR ADDRESS ELLIOTT FUNERAL HOVE MAY 1129 TO ARREST BY REGISTRAR 5 SUCNATURE 1129 TO ARREST DAY 1129 TO ARREST	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05030 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First 20 DATE KNDWN Middle Lost Month 2b HOUR Dov (Type or Print) ESTI-GEORGE Page GEORGANDIS DEATH MATED April 18, 19697:15 MA deloy and 3 IF JINDER YEAR IF UNDER 24 HRS 6 AGE (In years 3. SEX 4 RACE S DATE OF BIRTH 2c DATE PROMOUNCED DEAD 2d HOUR and 350 57RS Male Apri^Dq 18. White March 13,1912 19 69 7:15A 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHP_ACE (Stote or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH Office along with form country) U.S A WIDOWED [Baltimore Greece DIVORCED [7] Give Poges the State IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR give street oddress) 4029 North Point Blvd. during most of working life, even if retired) Owner North Star Inn INDUSTRY Dundalk. 130 USJA, RESIDENCE (Where deceased lived, if institution, Residence before 13c, City OR TOWN 13d. INSIDE CITY & MIES? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Baltimore 4029 North Point Blvd. YES NO NO Dunda1k Item 18 24 hours lond 2 ofter Middle 14. FATHER'S NAME First Lost 15 MOTHER'S MAIDEN NAME First Middle Simon Georgandis Despina Examiner's .⊑ podes hours 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS be executed within (Yes eq. or unknown) (if was nive wor or dates of service) 216-32-8127 Mrs Crace Georgandis Same APPROXIMATE INTERVA in any event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY. permit Gunshot wound of head IMMEDIATE CAUSE (o). "pending forwarded to the Chief Medi DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) This certificate should the word DUF TO OR AS A CONSEQUENCE OF stoting the underlying couse removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 certificate, writing 90 used CERTIF CATION 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔂 NO | 99 should be 210 EXTERNAL CAUSE WAS Ö 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item 18.) 3 should PR.MARY PCT OR CONTRIBUTING cremotion, **EXAMINER:** Shot during robbery CAUSE OF DEATH 2te PLACE OF INJURY (At home, form, street, factory, office building, etc.)

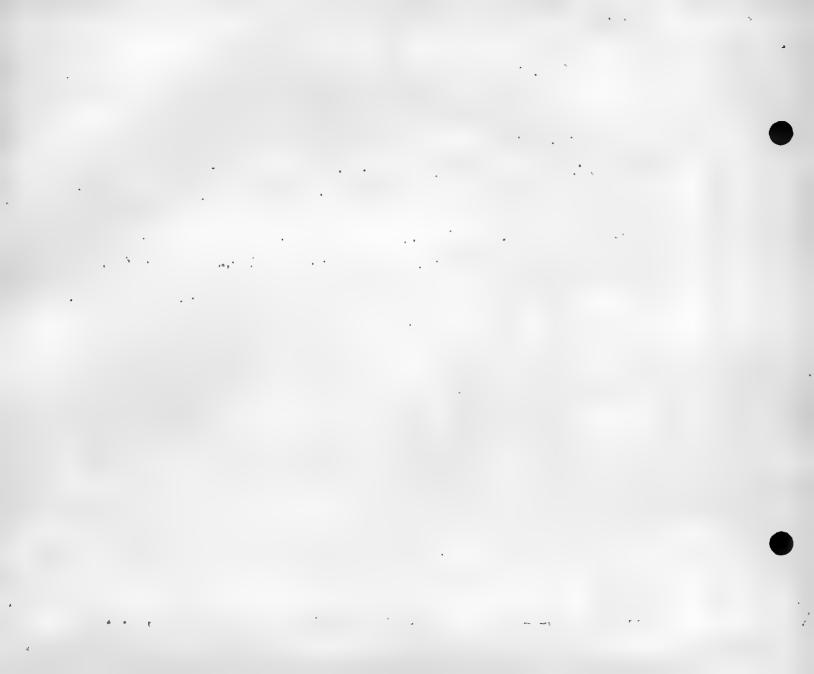
Building 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote FUNERAL DIRECTOR: Poge AT WORK AT WORK 4029 North Point Blvd. Balto. M.D. 22a. I certify that I took charge of the remains described above, held an Autopsy 🔯 Inspection Inquiry [and in my opinion the funeror director Hamicide X Undetermined monner death resulted from Natural causes Accident . Suicide [prior to CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE 4/18/69 DEPUTY MEDICAL EXAMINER Heolth **EXAMINER'S** may Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 500 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1/21/69 Greek Orthodox Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 250 RECID BY REGISTRAR 25b REGISTRAR SISIGNATURE Leonard J Ruck Inc Baltimore, Maryland VR ATSME OF

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05040 CERTIFICATE OF DEATH DECEASED NAME Middle 20 DATE OF DEATH 2b. HOUR (Type or print) 6,665 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF JINOER 24 HRS low requires that the death certificate be executed within 24 hours after 6 AGE (in years MONTHS T DAYS last birthagy) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7c. BIRTHPLACE (Stote or foreign 8- MARRIED T NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR BALT Mel give street oddress 2305 Box 4000 Residence before 130 CITY OR TOWN during most of working life, eyen if retired) INDUSTRY 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER dny event 136 COUNTY-NO 🗔 Middle IS MOTHER'S MAIDEN NAME First Yes, no or briknown) (If yes give war or dates of service) cremation, or removal, signed by the ottending ple buriol-transit permit. There buriol, cremation, or remove 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART ! DEATH WAS CAUSED BY 6 min IMMEDIATE CAUSE (o) ___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causel PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Putmonary emphysenson -1. Hypostatie nneumonia O FUNERAL DIRECTOR: After this certificate hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? NO FAT YES 🗀 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21d INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County 22a. I **certify** that (I) (this hospital) attended the deceased fram 1965, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death. director, gage 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) FIDWARD T. (Linden BURIAL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) Rock Creek Cemetery Washington, D.C. 250 REC'D BY REGISTRAR JOSEPH GAWLER'S SON, IMEDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE APR 1 4 1969 Misselas Vedal 30M REV 1/68 8130 WISC. AVE., N. W. WASH., D. C. 29916.



. 1	L	0000	MARYLAN DIVISION OF VITAL RECORDS,	ID STATE DEPARTMENT O		
4		05041		CERTIFICATE OF DEAT		05033
deoth.		ECEASED-NAME First lype or print) Har		ldim Lost	20 DATE OF DEATH Month Do	2b. HOUR
S of the state of	3. \$	x Male	4. RACE White	S. DATE OF BIRTH	3-25-1887 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS GAYS HOURS M.N.
24 hour	COL	BIRTHPLACE (Stote or foreign Russia	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore Cour	nty Md
within you		ity or town of death Randallstown	11. NAME OF HOSPITAL OR IN	en.Hospital dunn	SUAL OCCUPATION (Kind of work done g PROPROTET DReven if refired)	126 KIND OF BUSINESS OR FURNITURE STOP
cecuted v complete nove cork	odir	Marylan Marylan	sed lived, if institution Residence before d 13b COUNTY Balto	Randallsto	NO 3 13e STREET AND NUMBER 3624 Temp	olar Rd.
e execut and com remove n ony ev	14	FATHER'S NAME First	Middle G Last	15. MOTHER'S MAIDEN NAM		Lost
te be	160	DAVIS WAS DECEASED EVER IN U.S. ARA	FOLDFAT MED FORCES? [166, SOCIAL SECURITY		MIRIAM Address	?
ertificate be physicion a sen please r			var or dates of service) 110-10-019		E GOLDFADIM, 3624	TEMPLAR ROAD
ENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death ned by the hospital or attending physician. R: After this certificate has been signed by the attending physicion and complet by the Freta not by the Freta not be detached far use as the burial-transit permit. Then please remove corbin pages? Progest in State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 haurs after death		Conditions, if any, which gove trise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	advanezematoze Estens destre Des	arrest (Carpia and	APPROXIMATE INTERVA. BETWEEN OMSET AND GEATH YEARS YEARS
PHYSICIAN: The law reques he hospital or attending phathic certificate has been signerance for use os the bust Dept. of Health prior to bur	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES \ NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	
HYSICIAN hospital of secrifical activitical activitical activities activities activities activities and the secritical activities ac	MEDICAL (OR CONTRIBUTING CAUSE OF GEAT (If either, notify medical examin	TH HOUR A.M. Month Doy Year	9	Enter nature of injury in Part 1 or Part 2, Na. City or Town	County Stole
TO HOSPITAL OF ENDING PHYSICIAN: The law requires that the deoth certificate be exected as 4 may be relatined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and condinector, page 3 should be detached far use os the buriol-transit permit. Then please remoishould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony		220. I certify that (I) (this sow the deceased of couses stated above 22b. SIGNATURE			9	ote and haur and from the
To HO: Page to FUN direct	L		1-2-69 MIKRO 1	CEMETERY OR CREMATORY KODESH BETH ISRAE		
VR A 15 (4)		FUNERAL DIRECTOR OL LEVINSON & E	BROS., 6010 REISTER	STOWN ROAD	D BY REGISTRAR 25b. REGISTRAR CO. 3 1969 FCLION	

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	Τ÷	em#7ataken from p					05034
2 22	ì. Di	CEASED NAME First	Middle	Last		. DATE OF DEATH	2b. HOUR
and death	(1	ype or print) CHARLES	Jr. BENN	ETT GOL	DSBOROU	Gitt Month Day	9 Year
(k/ 1.≱ ~ 5	3. SE	X 4. RACE		S. DATE O	F BIRTH	6. AGE (In years	F JHDER I YEAR IF UNDER 24 HRS.
ra and see a			WHITE	8	3/21/57	last birthday) 1 YRS.	MONTHS DAYS HOURS MIN
pp bg ss	7a E	in lary Land		8 MARRIED 🔲 NEVER	MAKKIEU	DUNTY OF DEATH	
24 haved in by appers.			.S.A.	1-a-d	IVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
and completely filled in fergove carbon papers.	10. 0	Owings Mills	IT NAME OF HOSPITAL OR INST give street address) ROS "NOOD STA	ITUTION (If not in hospit TII HOSPITA	during most of	CUPATION (Kind of work done warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ed v	13a	USUAL RESIDENCE (Where deceased lived, it ss.an) STATE 120 13b CC	institution. Residence before	13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET AND NUMBER	
ove / eve		CENTRAL CONTROL X BYXX. V	JUNIT PG	Suitland	YES NO	3105 Parkwaj	7 Terrace Dr.
and co	14. 1	ATHER S NAME First A	Aiddle Last	IS MOTHERS	S MAIDEN NAME First	Middle	Last
ction a lease vand in			ENN TT GOLDS	BOROLJH	NELLI.:	LINDA L IGH GO	LD330ROUGH
physician of physician clearer pleaser and individual canding the control of the		WAS DECEASED EVER IN U.S. ARMED FORCES es, na, ar unknawn) (If yes give war or dates of s). IV. ANFORMANT	es B. Golds Parkvay Ter	sborough, Address crace Drive, Ap	+ /
eath certif ending phy nit. Then or remava	-	no	none	1 2102 :	rarkway lei	rrace Drive, Ap	APPROXIMATE INTERVAL
ne death cei attending f permit. The		 CAUSE OF DEATH (Enter only one coust PART I. DEATH WAS CAUSED BY: 		l La cont			BETWEEN ONSET AND DEATH
dea treni rmil		IMMEDIATE CAUSE (' 1	<i>ca</i> :			
that the d an. by the att transit pen		Canditians, if any, which gave)	TO, OR AS A CONSEQUENCE OF (b) <u>Coregeraita</u>	Il Caroli	wal dol	lort.	
hat onsi eme		rise to immediate cause (a), DUE 1	ID, OR AS A CONSEQUENCE OF		rat arr	661	
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law requires that the death certificate be nding physician. been signed by the attending physician as the burial-transit permit. Then please in to burial, cremation, or remaval, and in.		PART 2 OTHER SIGNIFICANT CONDITIONS CO			MINAL DISEASE OR COND	TION GIVEN IN PART 1(a)	
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is be as to bright	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS PER		AUTOPSY?	2Db. IF YES, WERE FINDINGS () CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The ratte e has a lith pr	ERTIF	21g. ACCIDENT WAS UNDERLYING 21h.	THE OF INDION		NO K		In 103
PHYSICIAN: The law rene haspital or attending for certificate has been stacked for use as the the Dept. of Health prior to be		OR CONTRIBUTING CAUSE OF DEATH HOL	TIME OF INJURY JR A.M. Manth Day Year	21C, NOW INJUKT	OCCURRED (Enter natu	ire of injury in Part 1 or Part 2,	item 18.)
rSICA aspito certifi hed f	MEDICAL	(If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF 1	P.M. 19 INJURY / AT HOME, FARM, STREET, FACTO	PRY. 1 21F 10CATION 4	Street ar R.F.D. Na.	City ar Tawn	Caunty State
		While Not while	OFFICE BUILDING ETC.	1		,	
		220. I certify that (#) (this haspite saw the deceased alive on couses stated above, (I) (we	ol) ottended the deceose	d from dr7,	29, 1969	, to April 40, 19	_64 , that (#) (we) las
OR ATTENDIN be retained by DIRECTOR: After ye 3 should be led with the Sta		couses stoted obove, (I) (we	(did) (did not) view the b	ody ofter deoth.	£mata (ont) ohmon	r deam accorred an me go	ne one nour and nom mi
A State of the sta		22b. SIGNATURE				22c.	DATE SIGNED
OR DIRI		Massaud Ka	y	DEGREE PHYS	5 DIRECT	OR L PHYS. L	Owns o Mill
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with th		22d. PHYSICIAN'S NAME (Type) MASS O	UD KA	YE 22e	ADDRESS COSE WOOD	State Hospi	tal, Box 137
HOS ge 4 FUN recto	23 a	BURIAL, CREMATION, 23b DATE		EMETERY OR CREMATOR		i. LOCATION (City or Town)	(County) (State)
5 5 5 £ £		REMOVA (Sperify) 4/23/69		Lincoln C		Bladensburg,	
VR A13	24	FUNERAL DEFECTOR 4308 SAIT 12	una Rd. SADDRESS	le Van	APER 2 3		SIGNATURE
30M REV.		1. For Wille	11/ Liller	an 1100	DATE IN A U	1000	A CONTRACTOR OF THE PARTY OF TH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05035 FOR STATE 4. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME First M dale 20 DATE KNOWNETT Month (Type or Print) OF ESTI DEATH MATED Anthony Golembieski 3 SEY 4. RACE 6. AGE (In years IF JINDER 24 MRS S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD Mgpth Male Cau. 1-11-04 65 YRS 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH Office along with form WIDOWED [Baltimore U. S. A. DIVORCED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Beth. St. during most of working life, even if retired.) Dundalk Spring 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NIIMBER odmission) STATE Md. 13b. COUNTY Balto YES NOTO Dundalk 203 Willow Spring l and 2 after 14. EATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME Middle Lillian Deceased) John Golembieski (Deceased) hours 17. INFORMANT ADDRESS 203 Willow be executed within (Yes, no or unknown) 213-07-7898 Catherine Golembieski Spring Rd. APPROX MATE INTERVAL BETWEEN ONSET AND DEATH within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) should be forworded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), Ony certificate should the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION-19b CONDITION FOR WHICH OPERATION 20 ALTOPSY? CERTIFICAT WAS PERFORMED? YES [TT 210 EXTERNA, CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) should PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d, INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town (ounty Stote foctory, office building etc.) WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection and in my apinian Accident Spicide Undetermined manner death resulted from Natural causes Homicide CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Theodore C. Patterson M.D. ADDRESS(Streel, city, town, or county 0 23c NAME OF CEMETERY OR CREMATORY 230 BLRIAL CREMATION 23d LOCATION (City or Town) REMOVAL (Spec fy)
Burial Holy Rosary Cemetery Dundalk. 24 FLNERAL DIRECTOR 250 RECD BY REGISTRAR 401. John M. Weber & Sons Inc. S. Chester St. ARR 1969

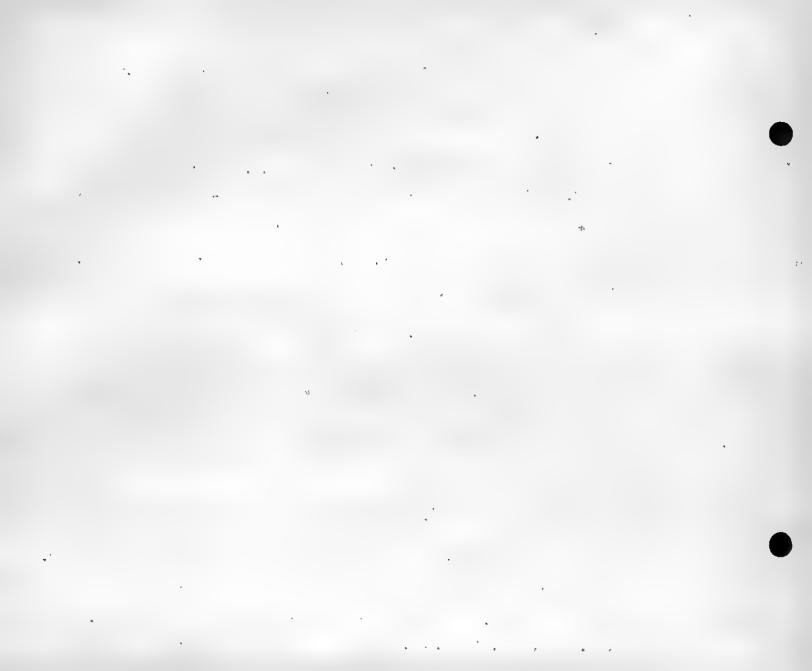
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- 1 i		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		05044 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05036
HEALTH DEPT.	1 D	ECEASED NAME First Middle Lost Zo DATE KNOWN A MARTIN D	ow _Year 25. HOUR
		Type or Print) Irvin Baxter Gorman OF ESTI DEATH MATED	19 10-
ny delay is 2, and 3 to PM3. Page ourtmen of	3 SI	EX 4 RACE S. DATE OF BIRTH 6. AGE (In years 1. FUNDER 1 YEAR 15 JNDER 24 HRS. 2c. DATE PRONOHNCED DEAD	2d. HOUR
and and M3.		M W 1/26/91 T8 yrs MONTHS DAYS HOURS MIN. MONTHS Day	Yeor 1965 M
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED QNEVER MARRIED 9. COUNTY OF DIATH	/
form form	coun	Pairimore minowin plankin parrimore	Md
Pages outh for outh for state	10. 0	and the state of t	2b. KIND OF BUSINESS OR
ofter death 8. Give Pag alang with with the Sta	10	2000	Dairy
I haurs ofter death Item 18. Give Pages 1, Office along with form Tond 2 with the State Deafter death		USUAL RES.DENCE (Where deceosed lived, if institut on Res dence before 13c. CITY OR TOWN dmission) STATE Md. 13b COUNTY Baltimore 13c. CITY OR TOWN YES NO 208 D Rodgers 1	Forge 21212
I haurs Item 18 Office office after d	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
			Vans
anner's pages haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? TOO SOCIAL SECURITY NO 17, INFORMANT ADDRESS	Film
	[(y	(es, no, ar unknown) (yes give wint or dates of service) World War I Wellie H. GORMY - ZO	8 Rogers
2 E B E E		18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).)	APPROXIMATE NTERVA,
be executed "pending" ii iief Medical I insit permit		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 6 1070722 24 CC/65/02	-Sildden
exemple end f We end end end end end end end end end en		1100 DUE TO, DR AND CONSEQUENCE OF	17471-
d be d "p Chie rans		rise to immediate couse (a). (b) all the transfer of the trans	01 72-
shauld be executed with the word "pending" in page a the Chief Medical Exchange burial transit permit File in any event within 72		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the the to the		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
INER: This certificate shauld be executed to certificate, writing the word "pending" is shauld be farwarded to the Chief Medical files. 3 should be used as a burial-transit permit notian, ar removal, and in any event within	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DESIGN BUT NOT RECATED TO THE PERMITTER DISEASE OR CONDITION GIVEN IN PART 1(6)	
writh work	CERTIFICATION	190. DATE OF OPERATION 196. COND TION FOR WHICH OPERATION	20: AUTOPSY?
his certi ate, wril e farwa be used remava	TIFIC	· WAS PERFORMED?	YES NO D
MINER: This the certificate, 4 shauld be faur files. e 3 should be to smoothing or rentered.		216 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING 41b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item	18.)
NER: T s certification in the shauld be files. I should or should be should be should be should be should be should or should be should or should be should	MEDICAL	CAUSE OF DEATH P M 19	
XAMINER: tre the certing 4 shauld yaur files. Page 3 shou	2	WHILE ONLY WHILE foctory, office building, etc.)	County Stote
		220. certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry	
lease execudirector. Page stained for DIRECTOR: for to burial,		220. certify that I taak charge at the remains described above, held an Autopsy, Inspection, Inquiry, death resulted from Natural couses Accident, Suicide/ Homicide, Undetermined manner	and in my apinian
please directs are retaine or to be		CHIEF MEDICAL EXAMINER	
		SIGNATURE MELLES CRISTIANS MEDICAL EXAMINER 226. DATE OF	GNED
DEPUTY ressary, p e funeral may be r FUNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER	11/54
O DEPUTY DICA necessary, please es the funeral directar. 5 may be retained to FUNERAL DIRECTO Health prior to bur		NAME (Type) ADDRESS(Street, city, town, or county)	1-/
5 g = ~ 5 ±	230	BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Nown) (C	(State)
	24	FUNERAL DIRECTOR ADDRESS / / IZSO AND DE SYRE BOST RICH CO 25b PRESIDENCES /	ANATARE AST
VR A15ME (5)	2"	Wan of Technical Son Bullet Med. MARK 1969 1869	A Property of
10M REV 1/68 356		DAIL TO TOO TO	



MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05045 CERTIFICATE OF DEATH 05037 Lost 1. DECEASED NAME First Middle 2c. DATE OF DEATH 2b HOUR D. Gorman (Type or print) John Month pR1 SE UNDER I YEAR 4. RACE 6. AGE (In years signed by the attending physician and completely filled in by the burial-transit permit effect please remave carbon papers. Pages, burial, crematian, or remayal, and in any event, within 72 haurs after 3. SEX White DAYS Male log birthdoy) HOURS The law requires that the death certificate be executed within 24 haurs aff 9 COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED country) BaltimoreMd. Baltimore USA WIDOWED TT DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital gives Products) Maris Hospice 12o USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of work ag ite, even if retired.) INDUSTRY Towson 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE YES T Guilford Ave. Md. 13b COUNTY Balt-imore Raltimore NO I 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle First Middle Mary Devan Michael Gorman 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po pr unknown) Towson, Md. 21204 717-07-8926 Stella Maris Hospite APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 122-Cerebro DUE TO, OR AS A CONSEQUENCE OF 4-5-Conditions, if ony, which gove) (b) Generalines rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) In retained by the haspital ar after ling TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to 415 -20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CALISES OF DEATH? YES 🔲 NO [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may II retained by the haspital II 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED DIRECTOR 4/16/69. DEGREE 22e. ADDRESS 22d. PHYSICIAN'S E. Lee Robbins NAME (Type) MD 812 Mockingbird Lane 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE (County) 23o. BURIAL, CREMATION REMOVAL (Spenty) 4/19/69. Holy Redeemer Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR Leonard J/ Ruck, Inc. Balto. Md. 21214 30M REV



MARYLAND STATE DEPARTMENT OF HEALTH

05039 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle Lost 20 DATE KNOWNEY Month (Type or Print) LEON GREENBERG DEATH MATED 2, and 3 t 6. AGE (in years (E LNDER 24 HRS. 3 SEX 4. RACE 2c. DATE PRONOUNCED DEAD 5 DATE OF BIRTH 40 HOURS MonthApril Day Male 3 Yeor , 69 White 9-21-1928 7a BIRTHPLACE (State or foreign MARRIED X NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? along with form BALTIMORE DIVORCED [WIDOWED [Baltimore he State DEATH

IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/20 USUAL OCCUPATION (Kind of work done RANDALLSTOWNIVE street address) BALTO CO. CEN. HOSPITAN most of work ng ite, even it retired) 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR **INDUSTRY** DRUG STORE 130 USUA. RESIDENCE (Where deceased lived, if institution. Residence before 13c CTY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER death odmission) STATE Maryland 13b COUNTY 2501 Hall Circle Balto. YES MO M ofter Middle Lost 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle ISADORE SARAH KAPLAN GREENBERG se certificate, writing the word "pending" in pencil in should be farward to the Chief Medical Examiner's hours podes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADD RESS be executed within (Yes, no, or unknown) (If was give wor or dates of service) HRS. ANITA GREENBERG. 2501 HAL File APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY:
Training permit. BETWEEN ONSET AND DEATH Injuries IMMEDIATE CAUSE (a). in ony event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate cause (a). certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES F NO T þ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 0 3 should PRIMARY OR CONTRIBUTING cremation, Subj. driver in auto-auto head-on collision CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF IN. URY (At home, form, street, foctory, office building, etc.)
Street 21f. LOCATION Street or R.F.D. No. City or Town County WHILE NOT WHILE AT WORK Beltway & Liberty Rd. Balto. M.D. burnol 22a | certify that I took charge of the remains described above, held an Autopsy K Inspection Inquiry and in my apinian Undetermined manner death resulted frama Suicide Homicide Natural causes Accident [20] CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASS. STANT MEDICAL EXAMINER FUNERAL SIGNATURE 4/27/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ro FUNE Health Edward F. Wilson, M.D. NAME (Type) ADDRESS(Street, city, town, or county) 230 BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) REISTERSTOWN. MARYLAND BURTA 4-28-69 BALTIMORE HERREW 24 FUNERAL D RECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 250 REE D BY REG STRAR 25b REGISTRAR'S SIGNATURE Climatos 1969 VR A15ME (5) (1)

MARYLAND STATE DEPARTMENT OF HEALTH



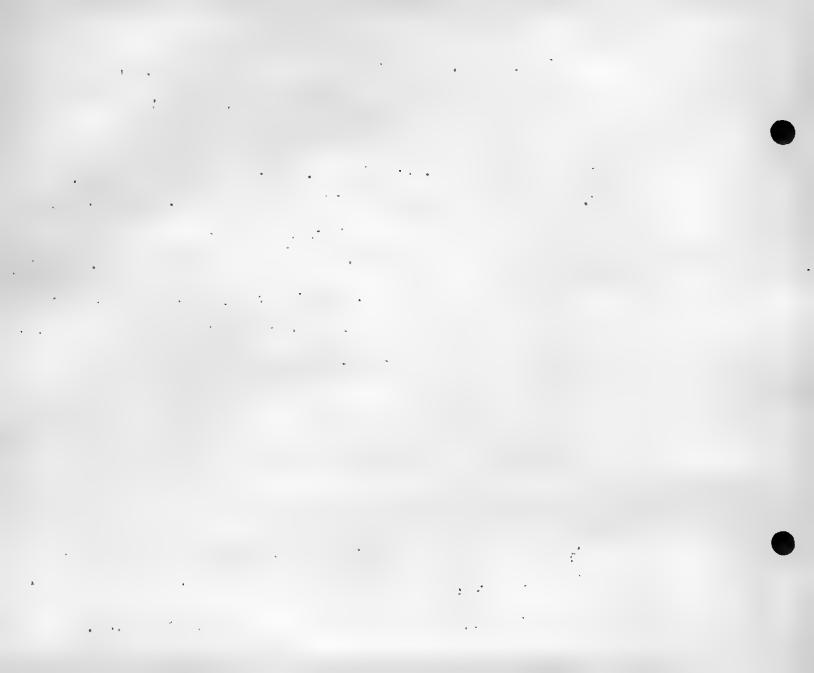
12		05043	DIVISION OF		, 301 W. P	RESTON STREET, I	BALTIMORE, I	MARYLAND 21201	05047)
hin a dayrs after death.		ECEASED-NAME First Type or point) Br	enda	Middle Marie	(lost GRIFFITHS	20. DATE	OF DEATH Month 4 Dog	15 Yeo 69 120	OON
	3. 5	Female	4. RACE	White		S. DATE OF BIRTH Dec. 6	5, 1954	6 AGE (In years lost birthdoy)		24 HPS
Barre .	70 (00	BIRTHPLACE (State or foreign ntry) Maryland	75 CITIZEN OF W		8. MARRIED WIDOWED	NEVER MARRIED K		OF DEATH		Ma
,		CITY OR TOWN OF DEATH Owings Mills	11 I	NAME OF HOSPITAL OR II street oddress) Sewood St	ate Hos	spital duri	USUAL OCCUPATI	ON (Kind of work done ing life, even if retired)	12b KIND OF BUSINESS INDUSTRY none	OR
	13o. odn	USUA. RESIDENCE (Where deceos ussion) STATE Marylan	ed lived if institu	ition: Residence before	13c CITY OF Ba	timore YESK	NO 138	STREET AND NUMBER 4555 Shamro	ock Ave.,	
d	14.	FATHER'S NAME First Stephen	Middle	GRIFF	ITHS	S. MOTHER S MAIDEN NA	Audrey	M,ddle Helei	n McGEE	
,	160	WAS DECEASED EVER IN U.S. ARA (BS, no, or unknown) (If yes give w	AED FORCES? var ar dates of service)	166 SOCIAL SECURITY		informant Rosewood Re	cords,	Owings Mills	, Md. 2111	7
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIA	ly one couse per () BY: ATE CAUSE (o)	ine for (o), (b), and (c Aspi)) ration				APPROX.MATE INTERV. BETWEEN ONSET AND D 2 -hours	Ac EATH
		Conditions, if ony, which gave inse to immediate couse (o),	(b)		ticity	- brain da	amage		since bi	rth
		stating the underlying couse lost.	(c)	AS A CONSEQUENCE OF						
	■	PART 2 OTHER SIGNIFICANT COM								
Z,	CERTIFICATIO			HICH OPERATION WAS P			O 🔀	IF YES, WERE FINDINGS C ISES OF DEATH?		į
	MEDICAL CE	210 ACCIDENT WAS UNDERLYIN OR CONTR BUTING CAUSE OF DEAT (If either, notify medical examination)	H HOUR A.M.	Month Doy Yeo	9			njury in Port 1 or Port 2,	Item 18)	
	W	21d INJURY OCCURRED 21e. White Not white of work	PLACE OF INJURY	(AT HOME EARM, STREET, E. OEFICE BUILDING ETC.	CTORY.) 21F to	OCATION Street or R F	D No (ity or Town	County Si	tote
		22a. I certify that (1) (the saw the deceased a causes stated above	is haspital) at live an ; (I) (we)(did	ended the decease 15/ (did nat) view the	ed from 19 <u>69</u> , an	11/16 , d that in (my) <u>(our</u> death.	19 .55 , ta_) apinian deat	4/15/69 , 19 h accurred on the da	, that (I) (we te and haur and fro	e) last m the
1		226. SIGNATURE Extern V	Dia	, X.D	, DEGI	ATTENDING	MED.		DATE SIGNED /15/69	
1		22d. PHYSICIAN'S NAME (Type) Estel	oan Diaz	, M.D.				Hospital, (Owings Mills	s,Md
	230	BURIAL, CREMATION, 23b I		9. Holy	CEMETERY OR RECE	EMER CE,	n.	BALTIMO	(County) (State)	
S A	24. Ž	FUNERAL DIRECTOR J. RU	ick, Ive	BA/TO.	4 1	250 RI DATE	APR 1	25b REGISTRARS	SIGNATURE	L



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	3 5	1.7	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I FEAR IF LINDER 24 HRS.
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and c	14.	ATHERS NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FIL	rst Middle	Lost
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ND ed to		saw the deceased o	live on	19, and that in (my) (our) opin	nion deoth occurred on the d	ote and hour and from the
11 in 50 54		22b. SIGNATURE	e, (I) (we) (ala) (ala har) view int	body difer deoin.	220	DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transpace of the state Dept. of Health priar to burial, crease the prior to burial, crease the p	230	BURIA., CREMATION, 23b.	DATE 23c NAME O	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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30M REV (1/4)	14	AMACOST FUNC	ral Chapel-460	4 Liberty HENR 1!	5 1969 / Cuare	a Kark a
<i>b</i>		77 7 37.				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05042 05050 CERTIFICATE OF DEATH DECFASED-NAME Middle Last 2a. DATE OF DEATH First 2b. HOUR signed by the ottending physician and campletely filled in by the funeral buriol-tronsit permit. Then please remove corbon papers, Pages 1 and 2 buriol, cremation, or removal, and in any event, within 72 hours after death. 24 hours after deoth (Type or pnnt) IRENE R. 9:15 GROTZTIGER APRII. 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years IF UNCER 1 YEAR IF UNDER 24 HRS last birthdov) HOURS female September white To BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED DC NEVER MARRIED country Baltimore WIDOWED [DIVORCED [Marulad 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR be executed within give street address) during mast of working life, even if retired) INDUSTRY Catonsuille HOUSEWIFE AND NUMBER nome (13a. USUAL NESTATE Md 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INS OF CITY LIMITS? 13b. COUNTY Catonsville NO E 14. FATHER 5 NAME Middle 15 MOTHER'S MAIDEN NAME First Last John Bezold Theresa Peters requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 37 INFORMANT (if yes give war or dates of service) Yes, no. or unknown). William Grotzinger 400 none no APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) YPERTEN SIVEAND ART, SOL C.V. DIS. Conditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to t Page 4 may be retained by the hospital or attending FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached for use as the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 be detached for use State Dept. of Health r 21a ACCIDENT WAS UNDERLYING 23b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 1 v v = 2, 19 5 8, ta APR 13, 19 69, that (I) (we) last saw the deceased alive an APR 12 1969, and that in (my) (our) apinian death accurred an the date and haur and fram the director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR **ATTENDING** PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) ATONSVILLE MO FREDERICK 23o. BURIAL CREMATION 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) 2 Loudon Park VR A15 (4) 736 Edmondron Age 30M REV Catonsville. all



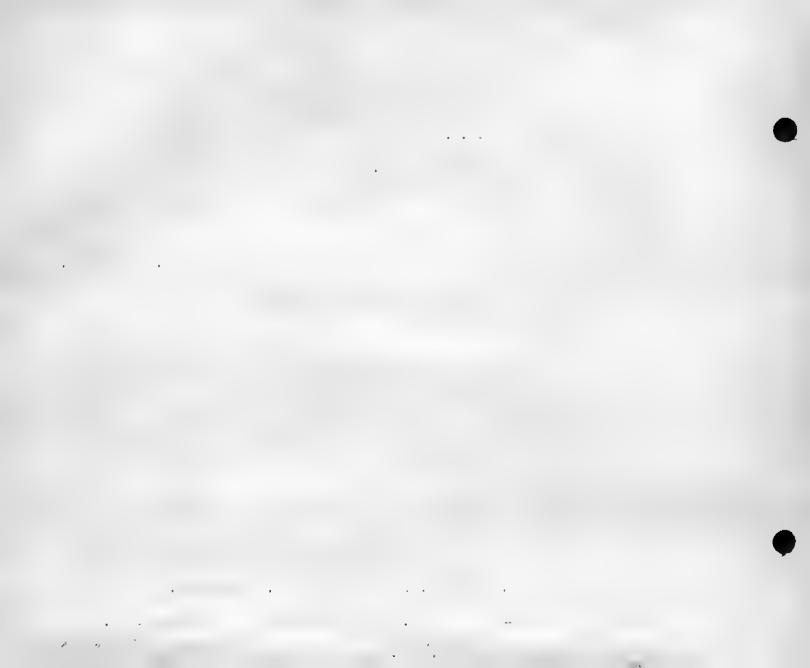
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₽ ₹ ₽	3. 5	Х	4. RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.		
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md HRAI F, P		NAME (Type) MAR-V	IN H. DAVIS	63/2	LIBERTY 14	BOLTO LIDOMA		
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	24.	FUNERAL DIRECTOR	pel 8728 Liberty R	d. Randallstown AP	Y REGISTRAR 25b. RE976			
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3	05053 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
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Z E	Г	18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and (c)			APPROX MATE INTERVA. BETWEEN DISET AND DEATH				
the death, the ottendin sit permit. nation, ar re	П	PART I, DEATH WAS CAUSED	D BY. ATE CAUSE (a) PLEURAL EF	Frusion and Pneumon	CA.	3 WEEKS				
ne deatl ottendi permit.	П	151.9	DUE TO, OR AS A CONSEQUENCE OF							
th site	П	Conditions, if any, which gave	(b) GASTRIC CA	A		8 - 12 MONTH				
tho by ron:		rise to immediate cause (a), stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF							
quires that the physician. Signed by the buriol-transit buriol, cremat		last.	(c)							
equires tho physician. signed by : buriol-fron		PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL D SEASE ORCO	ONDITION GIVEN IN PART 1(a)					
ing ing	Iz									
s be os to striou	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY?	206 IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING				
The ha	1			YES NO X	CAUSES OF DEATH?					
AN: of or cate or u	SAL CE	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE DE DEAT		21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, It	tem 18.)				
20世紀 第2年	MED C	(If either, natify medical examin	ner) P.M. 1	9						
OR ATTENDING PHYSICIAN: The law requires that the death, be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the ottendings 3 should be detached for use as the burial-transit permitted with the State Dept. of Health prior to burial, cremation, ar re	2	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, EARM, STREET EA	CIDRY.) 21f LOCATION Street ar R.F.D. Na.	City or Town	County State				
det this e D		While Nat while at wark								
Start Start		22a. I certify that (th	is haspital) attended the deceas	ed from <u>DEC 28</u> , 1968 1969, and that in (2004) (aur) apri	5 to APR 12 19	69 , that (b) (we) last				
Ped A Bed		saw the deceased at	1 (x) (we) (did) (did) (did) (view the	body after death	ian death occurred an the dat	e and hour ond from the				
ATI Sho Sitai		226. SIGNATURE	7 (40) (510) (510)	body differ douts.	27r D	ATE SIGNED				
OR De re de 3 de de de 3	L	f //	inus /1 /low	ATTENDING MI	RECTOR PHYS. 14	ATE SIGNED /12/69				
A D D D D D D D D D D D D D D D D D D D	1	22d. PHYSICIAN'S	- LACULLY	22e. ADDRESS	, (II).					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		NAME (Type) JAM	ES K. DAVIS, M.D.	VAH, FT. H	OWARD, MD.					
HOS ge 4 FUN eerte oule	23a	BURIAL, CREMATION, 23b [DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)				
5 5 5 F 2		BURLAL (Specify)	4-17-69 BALTO.	NATIONAL CEMETERY	BALTIMORE, MI	' '' '				
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1		05054 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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leoth.	1 D	ECEASED NAME First Middle 20. DATE OF DEATH Solve or print) Grant Doy Greor 53 m
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in by in by 2 hours		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ecuted within 24 completely filled give corbon pope y event, within 7	10 (CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) 28 give street address) 30 1 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) 30 1 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)
uted within mpletely for carbon svent, with		US_AL RES.DENCE (Where deceased lived if institution Residence before 13s CHY OR TOWN 3sd inside CHY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY BALTO CHELLING YES NO 2015 Adoock Road
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e death certificate be execute of the ording physician and compermit. Then please-remove on, or removal, and in any events.		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war or dates of service) 17 T INFORMANT Address Address
certi g ph Then move	F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND OCATH
death tendin rmit.		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Brouchopusuuviii 3 story 5
nt the o		Conditions, if any, which gave) Tise to mind ate cause (0), (b) Tuffusur 2 A - Like illustry 4 day >
quires the physicion. signed by burial-tror buriol, crei		stating the underlying cause (c) CC (c)
regul ng phy in sign e buri to buri	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Cenerals and as they as Cenaris - Severe Chromic Brains y water
The low re ottending has been se as the h prior to	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
YSICIAN: T ospitol or certificate bed for us. tof Health		21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers, should be filled with the State Dept. of Health prior to barrial, cremation, or removal, and in any event, within 72 hours should be filled with the State Dept. of Health prior to barrial, cremation, or removal, and in any event, within 72 hours.	MEDICAL	[If either, notify medical examiner] P.M. 19 21d. INJURY OCCURRED VALUE OF INJURY AT HOME, FARM, STREET, FACTORY, Street or R.F.D. No. City or Town County State of work of work
VDING by the After the Aft		220. I certify that (1) (this hospital) attended the deceased from 2-24-1967, to 4 xx - 7-, 1967, that (1) (we) last saw the deceased give on 4 xx - 7-, 1967, and that in (my) (our) apinion death accurred on the date and hour and from the
ATTER toine: Should should the	L	couses stated above, (1) (did) (did not) view the body ofter death. 22c DATE SIGNATURE (2) 22c DATE SIGNED
DIRECTOR N		CLOW Valle Cover M. D. DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS D 64-7-69
HOSPITAL OR ATTENDING ge 4 may be retained by th FUNERAL DIRECTOR: After rettor, page 3 should be d nould be filed with the State		22d. PHYSICIANS CESAR VALLE CAVERO M.D. 22e. ADDRESS
TO HOSPI Page 4 m TO FUNER director, should b	230	BURIA. (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 4-9-69 M+0110e+ BALTIMORE MA
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MARYLAND STATE DEPARTMENT OF HEALTH



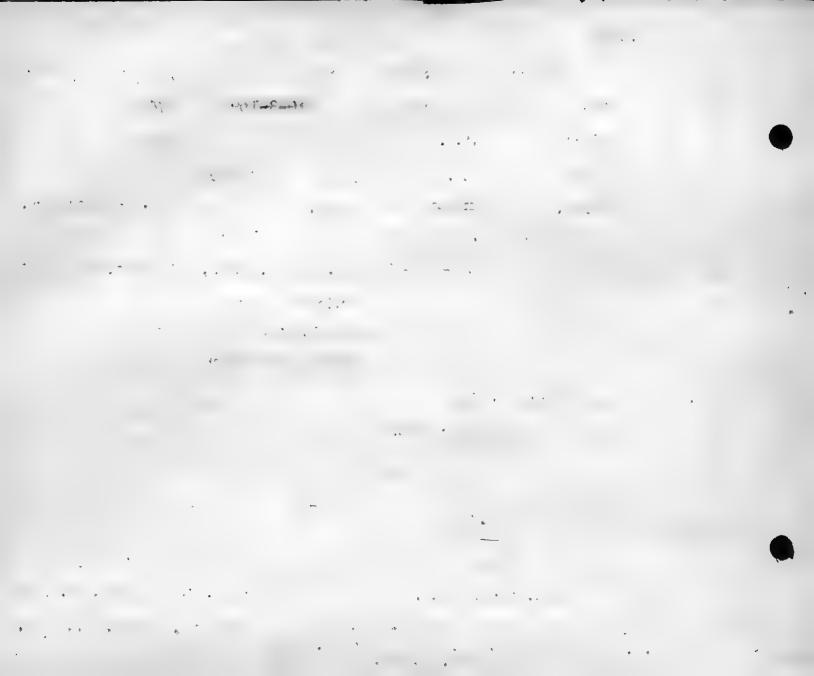
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ة <u>ند</u> ة	icate ho for use Health		210 ACCIDENT WAS UNDERLYIN		21c HO	_	nter nature of injury in Port 1 i	or Port 2, Item 18)
E G	certificate the defendence of the office of		or CONTRIBUTING CAUSE OF DEATH		eor			
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Ş. Ż.	e d tate		22a. I certify that (I) fth	rs hospital) attended the dece	ased from a	mil 5 . 19	bo to Plant	28 19 6 7 that (I) () last
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E i ii	S should with the		causes stated above	e, (I) (we) (did) (did not) view t	he bady after d	eath.		
Tet A	S st wit		226 SIGNATURE	P1.100.	INT-	ATTENDING ATTENDING	MED STAFF	22c. DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certification, page 3 should be detached should be filed with the State Dept. of		22d PHYSICIAN'S PALA	ER PC. WILL	AMS	22e ADDRESS	Jangs M	ills Mdi
10SI	director, should by	230	BURIAL, CREMATION, 23b. I	DATE 23r NAME	OF CEMETERY OR	CREMATORY	23d LOCATION (City or To	own) (County) (State)
O H	무음숙		REMOVAL (Sectify) 1	May 1969 Spes	utia Cem	etery	Perryman,	Maryland
-		24.	FUNERAL DIRECTOR	Tarring FARM	Gral Hom	te 25g. REC	BY REGISTRAR 25b RE	GISTRAR'S SIGNATURE
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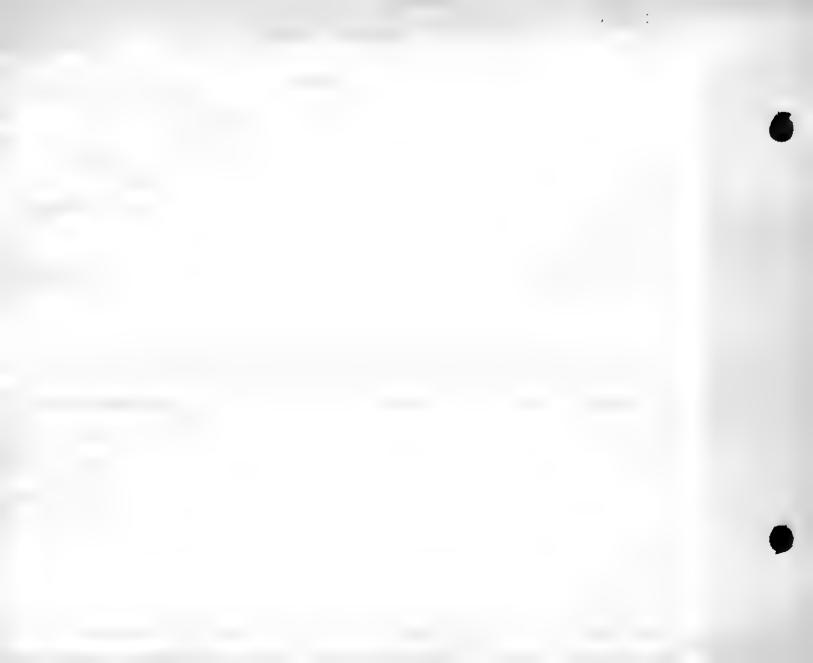
1 1 >	MARYLAND STATE DEPARTMENT OF HEALTH	
END-STATE	05056 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPE	DECEASED NAME Firsts I a Communication of the Commu	2b, HOUR
5 2 8 6 6 A	(Type or Print) OF ESTI- DEATH MATED TO 169	1 Son
ny defay is PM3. Poge partmentor	3 SEX A RACE S. DATE OF BIRTH Dec. 12, 1902 6. AGE (In years IF UNDER 24 HRS DAYS HOURS MILK. PRONOUNCED DEAD WAGNES OF BURNES	2d Hour
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	14 FATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle Last Villiam Harrison Florence Wells	
within 24 n pencil in Examiner's File pages 172 haurs	16b. SOCIAL SECURITY NO 17 INFORMANT Agnes S. Harrison, 252 Ridge Ave., Towson,	
shauld be executed e ward "pending" in the Chief Medical vurial-transit permit. in any event within	18 CAUSE OF DEATH (Enter any one cause per line far (6), (b) and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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毎日 200	21a EXTERNAL CALSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street). 21f LOCATION Street or R.F.D. No. (if yor Town County)	Stote
	WHILE NOT WHILE factory, affice building, etc.)	31018
o DEPUTY SICAL EXAMINER: necessary, please execute the certified the funeral director. Page 4 should 5 may be retained for your files 0 FUNERAL DIRECTOR: Page 3 should Health prior to buriol, cremation.	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my death resulted from. Natural courses, Accident, Suicide, Homicide, Undetermined manner ACTUAL	apinian
the STO Heo	230 BURIA. CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State Burial April 14, 1969 Moreland Memorial Cemetery Parkville, Maryland	'e)
VR A15ME (5)	John Burns' Sons, Towson, Maryland 250 REC D BY REGISTRAR SUCNATURE DAMPR 1 5 1969 250 REC D BY REGISTRAR SUCNATURE DAMPR 1 5 1969	

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Examiner Self Autor	physician. signed by the attending physician survice transit permit. Then please burial, crematian, ar remaval, and it	H	18. CAUSE OF DEATH (Enter on					LIGHT IV &			APPROX MA	ATE INTERVAL SET AND GEATH
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国 3	n, a		Win 4	TE CAUSE (o)	A CONSEQUENCE OF	Val CITO	EGITC BIL	/UIL				
그를 기	atio at the state of the state		Conditions, if any, which gove)		A CONSEQUENCE OF	Acute	Myocardia	al Infar	ction			
j.	oy the		rise to immediate couse (a), stating the underlying couse	(b)	A CONSEQUENCE OF							
Medical	sicio Sicio Sicio Sicio Sicio Sicio Sicio		lost.	(c)		Comple	te Heart	Block				
× 1	physical phy		PART 2. OTHER SIGNIFICANT COM		IG TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIVEN	IN PART 1(o)			
Da S	In a law requires that the death of thirding be exerted or attending physician and collected has been signed by the attending physician and collect use as the burial-transit permit. Then please remained the priar ta burial, crematian, ar remayal, and in any	z	Diabe	tes Melli	tus							
70 3	as the right	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PER	FORMED 20o.	AUTOPSY?-		YES, WERE FIND	INGS CONSIDER	RED IN CER	RTIFYING
Released	at a star of	KIEK	4-17-69	Complete H	Heart Bloo	A 1.	5 NO 📑	ζ	OF DEATH?			
₩ ±	Tor Tor ar û deal		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		NJURY Month Day Year	21c. HOW INJUR	Y OCCURRED (Enter	noture of injur	y in Port 1 or P	ort 2, Item 18	l.)	
[e]		MEDICAL	(If either, notify medical exami-	ner) P.M	19							
Release	hoys sche		21d. INJURY OCCURRED 21e	PLACE OF INJURY (A	T HOME, FARM, STREET, FACT FFICE BUILDING, ETC.	ORY.) 21f LOCATION	Street or R F.D. No.	City	or Town	Coun	ity	Stote
	the third detre		While Not while at work			-	40	-	17 611			
2	Stall		220. I certify that (I) (the saw the deceased a	is hospital) atten	ded the deceose	d from4=42:), and that in	(my) (aus) ani	, to4•	-TI-OA	., 19	_, that	(I) (we) last
	the the		causes stoted obove	, (1) (we) (did) (d	id not) view the	ody after death.	r (my <u>) taary</u> api	man ueam a	cconeu on n	ne dore an	u HOUL u	na mom me
	音 C		22b. SIGNATURE	211.			ramino M	100	CTAFF	22c DATE SI	GNED	
۾ ح	ed we a		John /	1/ poses	ua M.D.	DEGREE PHY	ENDING D	IRECTOR AT	STAFF PHYS.	4-17	-69	
5	AL D		22d. PHYSICIAN S			22e.	ADDRESS					
	Page 4 may be retained by the hospital or director, page 3 shauld be detached for us shauld be filed with the State Dept. at Healt		NAMF(Type) John	J. Messin				ork Rose			Md.	21204
9	age Jack	23 o.	BURIAL (REMATION, 23b.	DATE	23c NAME OF C	EMETERY OR CREMATO	RY	1	N (City or Town)			(Stote)
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	VR A15 (4) 30M REV. 1768	24 F	funeral director & Jenkins &	Sons Ce	o. 4985	York Rd.	2So. REC'D B	Y REGISTRAR	2Sb REGIS	TRARS SIGNAT	URE	p4 -
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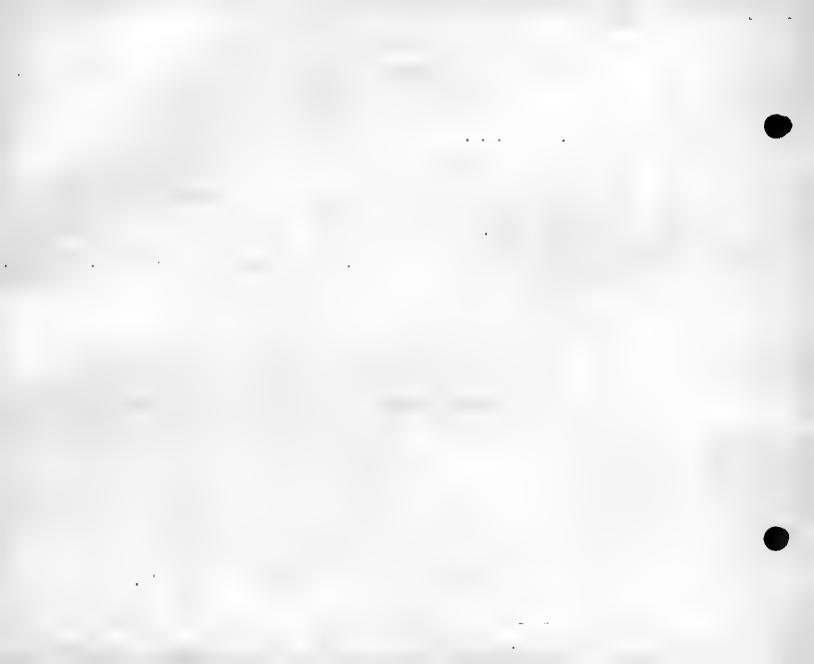
	1 05058		VIE DEPARIMENT OF HEALTH	AND ALAST
	09098		v. Preston street, baltimore, maryi FICATE OF DEATH	05050
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	(Type or Print) CECEL1	A HARTZ	APRIL	28, 1969 12.30 P, N
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Ess at	BALTIMORE FULL NAME OF OF NOT IN HE	DISPITAL OR INSTITUTION, GIVE STREET LOCATION	MARYLAND	
A Pro	HOSPITAL OR ADDRESS OR	LOCATION	C CITY OR TOWN	D INSIDE CITY LIMITS?
5 2	MILFORD MANOR NUF	RSING HOME	BALTIMORE	YES NO NO
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			FLEETWOOD APTS.	
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remaye car	FEMALE WHITE	WIDOWED X DIVORCED	78	
and c remo	lane during mast of working life, even if rel	f work 10B, KIND OF BUSINESS OR INDUSTR	(11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY
0 ~	HALIOTHITE	AT HOME	LATVIA	U.S.A.
leas leas	3. FATHER S NAME		14. MOTHER'S MAIDEN NAME	
ohys vari	BENJAMIN FOX 5. Was Deceased Ever in U. S. Arme Yes, no of unknown) (If yes, give wor a		SARAH ?	
F all	5. Was Deceased Ever in U. S. Arme	d Forces? 16. SOCIAL		ICANA LANDMARKSAPTS.
i signed by the attending-physician burial-transit permit. Then please burial cremation accempant and i				
offe of m	NO	CAUSE OF DEA		16,2907 FALLSTAFF RD. #9
sit ponti	DISEASE OR CONDITION			BETWEEN ONSET AND DEATH
ran	4/2 3 LEADING TO DE		uss C.V.A	2 - 2444
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P.C.	infinit at camblicopou which co	used deoth.)		
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Wher this certificate has been be detached far use as the State Deat of Health arianta	[]	\\/	***************************************	
ed	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
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de de		pital) attended the deceased from	1/	,
9 4 5 8	that (I) (we) tast sow the dec	edseb dilve bn		ur) apinion deoth accurred an the date
t ag t		stated abave. (f) (We) (did) (did nat)	view the body after death.	
5.5	23A. SIGNATURE	Rentin m.v. Att	andian Commission of the Commi	23B. DATE SIGNED
ge 3	Qu'd	OF GREE	The state of the s	4/22/69
Pd Pd	23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS	,
T P	ISRAEI	ZINBERG	4001 W. NORTHERN PKW	У.
TO FUNERAL DIRECTOR: After this director, page 3 should be detored by the filed with the State De	AA. BURIAL CREMATION, 24B. DAT	E 24C. NAME of CEMETERY of CE	EMATORY 24D. LOCATION	(City, town, or county) (State)
direct direct	BURIAL 4-30-		TH ISRAEL BALTIMORE.	MARYLAND
VR A1.2	SA. DATE REC'D BY HEALTH DEN	O PORTO OF THE PROPERTY OF THE	25C, FUNERAL DIRECTOR	ADDRESS
43W -	MAY & . ICE		SOL LEVINSON & BROS.	,6010 REISTERSTOWN ROAL



~ l		MAKTLAND STALE DEPARTMENT OF MEALIN	
500 55455		05059 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	5051
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
MIALTH DEPT.	1 DE	ECEASED-NAME BEst Modele Last 20 DATE KNOWN Month Do	by Yeor 2b HOJR
is ta of of	4.	HULEN HAWES DEATH MATED APR.	# 1969 8:50
Po Po	3 SE	last a status NORTH CANCEL MAN	2d HOUR
2, and 3 ta PM3. Page rpankment of		male W. ang 30, 1905 63 YRS	Year 1924 8:00
P. P. P.		BIRTHPLACE (State or foreign 7b. CHTZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
arm arm	count	W. VA. WSA WISA WIDOWED DIVORCED Baltimore	Md
ath f	10. (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (f. not in hospital 120 USUIAL OCCUPATION (Kind of work done 12)	K NO OF BUSINESS OR
after death Thy delay 8. Give Pages 1, 2, and 3 blang with farm PM3. Pagwith the State Department leath:		USUAL RESIDENCE (Where deceased .ved, f institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	LISTRY KR
Giv Grand That	13a	USUAL RESIDENCE (Where deceased .ved, f institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
9 × × × × × × × × × × × × × × × × × × ×	00	dmission) STATE West. 136 COUNTY Balt. Randall Low YES NO & 55087 Field	wan Dr.
havrs after trem (8. Giv Office alang trend with i	14 F/	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lost
		Herse Harris ming.	Vanelit.
ncil in niners pages haurs	160 }	WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
within 24 haurs pencil in Hem V caminer's Office le pages tand	(Y)	(es, na, or unknown) (If yes give war or dotes of service) 718-16-7119 mix I drive Garter Harrie.	Survey.)
hauld be executed wit ward "pending" in pe the Chief Medical Exan Jural-transit permit File in any event within 72		18 CALISE OF DEATH (Enter only one cause per line for (a) (b) and (c))	APPROXIMATE INTERVAL
executed nding" if Medical permit permit within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Corsolary artury Browns	BETWEEN ONSET AND GEATH
xec ndin Med Med		DUE TO, OR AS A CONSEQUENCE OF	3.mt
e e f f e e f f sit ven		Conditions, if any, which gave	
Chi		rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne ward "pen ta the Chief A burral-transit		stoting the underlying cause DUE 10, OK AS A CONSEQUENCE OF	
ta ta p	ŀ	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
INER: This certificate shauld be executed within 24 haurs after death lie certificate, writing the ward "pending" in pencil in frem 18. Give Pagishould be farwarded to the Chief Medical Examiner's Office elong with files. 3 should be used as a burial-transit permit. File pages fond, with the Stanation, at removal, and in any event within 72 haurs after, death.		TAKE I OTHER STORIFTCHATT CONDITIONS CONTRIBUTION OF DEATH BUT NOT RELATED BY THE TERMINAL DISEASE OR CONDITION GIVEN IN MART 1(6)	
certifi arware used (maval	10€	19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20 AUTOPSY?
s ce e, w farv emo	CERTIFICATION	19a. DATE OF OPERATION 1963 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? SLEUSATIVE TOLITIES	YES NO DE
VER: This certificate, nould be follows should be follows than, at reintan, at	EREI		
열 및 일 기	3	PRIMARY OR CONTR BUTING HOUR A.M	
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		WHILE WOT WHILE TOCIOTY, OFFICE BUILDING, etc.)	20011) 314(6
bical Examiner: lease execute the certi director Page 4 should estained far your files DIRECTOR: Page 3 should ir to burial, crematian,			1.0
AL E		22a certify that taak charge of the remains described above, held an Autopsy, Inspect on 🔣, Inquiry 🔯,	
UTY BICA ITY, please e eral director be retained RAL DIRECT prior to bu		death resulted fram: Natural causes 🛣, Accident 🔲, Suicide 🗍, Hamicide 🔲, Undetermined manner 🗌]
directal		ACTUAL 9 9 CHIEF MEDICAL EXAMINER	
TY. F		SIGNATURE ASSISTANT MEDICAL EXAM.NER L	NED
SSOT Fune NES		EXAMINER'S NAME (Type) D.D. EA PLES DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	6/69.
TO DEPUTY CALCA necessary, please ethe funeral director 5 may be retained TO FUNERAL DIRECT Health prior to bu	- 00	<u> </u>	
70 10 10 10	230	BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty or Town) (CC	., , ,
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		05060	DIVISION OF VITAL REC	ORDS, 301 W.	PRESTON STREET, BA	LTIMORE, MAI	RYLAND 21201	0503	ga 15
	It		4/30/69 kk	CERTIF	CATE OF DEATH	1		0.00) K
4 64		CEASED-NAME First	Middl	0	Last	2o. DATE OF			2b. HOUR
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	3. SI		4. RACE	THE XIME IX	S. DATE OF BIRTH	1131134	6. AGE (In years	OF JHOER 1 YEAR	IF UHDER 24 HRS.
E 25		FEMALE	WHITE		JULY 1, 18	888	last birthday) YRS.	MONTHS DAYS	HOURS MH
\$ (3) E	7a 1	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MADDIE	NEVER MARRIED	9. COUNTY OF			
	cour	LTIMORE, MD.	U.S.A.	WIDOWE		BALTI	MORE		Md.
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ed withi	13a.	USUAL RES DENCE (Where deceas	ed lived, if institution, Residence	before 13c. CITY	OR TOWN 13d THISTOE CH	TY LIMITS? 138 ST	REET AND NUMBER O	Ou Milto	rd Mill
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and and in an		ELEAZIE	O. OTT	ENHEIMER		AMELIA		GREENE	AUM
physician en please aval, and i		WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b SOCIAL SE		INFORMANT		Address		1 (04)
Tificate Thysician please val, and	۱ ا	es, no, ar unknawa) (If yes give v	ror ar dates of service)	М	R. EDWIN OTTE	ENHEIMER	303-1st	NAT BAN	K BLDG.
s that the death certifigurian. I by the attending physicansis permit Then physics cremation, ar remaval,	F	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a) (b)	end (c) \ A	1			APPROXIM	ATE PHYERVAL SET AND DEATH
t India		PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b), D BY.	million on	Marylan	acci	dent.	BCINELII ON	ET AND DEATH
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y th		rise ta 'm mediate cause (a),	DUE TO, OR AS A CONSEQUE	INCE OF	002000	0,, 0	0,000	7	
d b tro		stating the underlying cause	(c)						
equires that the physician. signed by the burial transit burial, cremat		PART 2 OTHER SIGNIFICANT COL	IDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DISEASE O	ORCONDITION GIVE	N IN PART 1(c)		
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of the last of the	CERTIFICATION	nene			YES NO		S OF DEATH?		
te the tent of the	CERT	210 ACCIDENT WAS UNDERLYIN	G 215 TIME OF INJURY	21c	HOW INJURY OCCURRED (E		rv in Part 1 or Part 2.	Item 18.1	
fico fico	ਤ	DR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Day	Year	(-		,	,	
rspi aspi certi hed it. a	QW.	(If either, notify medical exami- 21d INJURY OCCURRED 21e.	PLACE OF INBURY CAT HOME FARM	19 STREET FACTORY,\ 216	LOCATION Street or R.F.D.	No City	or Town	County	State
OR ATTENDING PHYSICIAN: The law requires that the death cebe retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by the attending peas should be detached for use as the burial transit permit. The led with the State Dept. of Health prior to burial, cremation, ar remaind		Whee Not while 2	OFFICE BURDING	erc /			1.	4.4	
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Aft Aft e St		sow the deceosed o	is hospital) attended the	1967,0	nd that in (my) (our)	pinion death	occurred on the d	ote and hour o	nd from the
of the state		couses stoted obove	e, (I) (we) (did) (did not) vie	w the body ofte	r deoth.				1
A SE CONTRACTOR		22b. SIGNATURE	WA FAIL	0	ATTENDING X	MED _	STAFF 22c	DATE SIGNED	/ /
P S S S S S S S S S S S S S S S S S S S	1	11/W	uce I was	ner DE	GREE PHYS	MED DIRECTOR	PHYS.	7/11/	69
Al Al Pogy		22d PHYS CIAN S / NAME (Type) MAU	RICE FELDMAN		22e ADDRESS 6610 CRO	SS COUNT	RY BLBD.		,
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital ar attending physici TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detached for use as the burial should be tiled with the State Dept. af Health priar ta burial,									(
HO Gge FU FU	230	BURIAL, CREMATION, 23b. REMOVAL (Specify)		AME OF CEMETERY			ON (City or Town)	((aunty)	(State)
5 5 5 V	0.4	REMOVAL (Specify) BURTAL 4-	21-69 HEI	BREW FRIE	NDSHTP	BALTIN D BY REGISTRAR	ORE MARY		
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30W KEA 1188.					DIATE 11	2 0 130	J. J	and August	

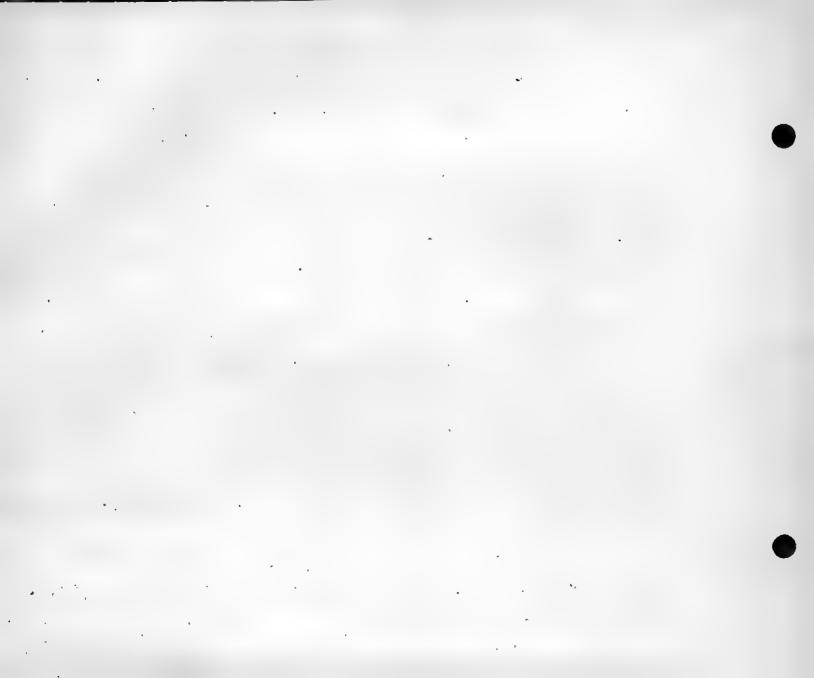


VITAL RECORDS, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201
CERTIFICATE OF DEATH	05053
Middle Lost	20. DATE OF DEATH 2b. HOUR
HESSE	4 Month /7 Doy 69 Year 6:504
	6. AGE (In years IF UNDER LYFAR IF UNDER 24 HRS
	lost birthday) MONTHS DAYS HOURS MIN
The continue of the continue o	9. COUNTY OF DEATH
MAKKIED MEACK WAKKIED	Baltimone
AME OF HOSPITAL OR INSTITUTION (if not in hospital 120 US	AL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
MMMITIVERSINGFOME	ost of working life, even if retired) INDUSTRY
3A-170, 10A N	04 1/18 allendale ft-29
Lost IS MOTHER'S MAIDEN NAME	7
	•
16b SOCIAL SECURITY NO 17 INFORMANT	Address
2/6-10-4455 Mrs. Hilda Sc	chaeffer, 118 N. Allendale St.
neyfor (o), (b) and (c))	APPROXIMATE MIERVAL BETW.EN ONSEL AND DEATH
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Course Musses genual	Jalulyses 311/68
AS A CONSEQUENCE OF	1 0 10176
ribral Mintees Up aille 0	Vermi Vigin 1807
TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)
aco vasenero su su so	
	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
YES NO	
Month Doy Year 21c HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Port 2, Item 18.)
19	
(AT HOME, FARM, STREET, FACTORY,) 21F LOCATION Street or R.F.D. No	. City or Town County State
anded the deceased from 737 , 19	to 4/1/ , 19 62, that (I) (we) las
dud not be the hadvafter death	nian death eccurred an the date and haur and from the
Acres Areas life body direct death.	22c DATE SIGNED
MIO DEGREE PHYS	HED STAFF 4/17/69
220 ADDRESS am a C	32 7 4 1001 100
nson /	ell more new 21229
23C NAME OF CEMETERY OR CREMATORY	23d .OCAT ON (City or Town) (County) (State)
Woodlawn Cemetery	Baltimore, Md.
ve., 24229 250 RECD B	
DATE AP	R 1 7 1988 / Cuartes Jungan
	Middle Cost Cost



- industrial land		05062	DIAIZION OF ALLYE KECOKDS		· ·	, MAKTLAND 21201	OFOR
The state of the s	L		Maria Middle	CERTIFICATE OF		LATE AS DOUBLE	05054
death.		CEASED-NAME First		Last III L	ewsky 20. 0	Manal B	2b. HOUR
r deat	<u> </u>	" /' a	ria	Hiewsk	1	Hpril 3	1967 5AN
after care	3. SE	and .	4. RACE	S. DATE OF B		6. AGE (In years last birthday) 50 YRS	F UNDER 1 YEAR IF UNDER 24 HRS. ANONTHS DAYS HOURS MIN.
京 年 記)		Female	Cauc	17 A	ng 1918	50 YRS	
Do Do	70. E		7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED MEVER MAR	RRIED 9. COU	NTY OF DEATH	
4 h J in Pers	cant	My Russia	USA	WIDOWED DIVO	RCED 🗍	Baltimore	Md
filled filled paper	10. 0	ITY OR FOWN OF PRAYVILL	P 11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital	120 USUAL OCCU	PATION (Kind of work dane	126. KIND-OF BUSINESS OR
新 新	1	DEHTHER Maryla	and give street address la	- Nursing Home	Health	arking life, even if retired.)	12b. KIND-OF BUSINESS OR F IND.STRUIT TO Baltimore
d v d v d v d v d v d v d v d v d v d v	130	USUAL RESIDENCE (Where decease	d boad if institution Pasidense before	B 13£, CITY OR TOWN	-3d. INSIDE CITY LIMITS?	13e STREET AND NUMBER	
physician. physician. signed by the attending physician and campletely filled in by the uneral burial-transit permit. Then please remave carbon papers. Press and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death.	admi	ssion) STATE land	136. COUNTY	Baltimore	YES 🔀 NO 🗌	2039 E Lom	band Street.
any any		ATHER'S NAME First	Middle Last		AIDEN NAME First	Middle	Lost
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and	160.	WAS DECEASED EVER IN U.S. ARMI	deter of deel			Address	
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aft in digital in the life in		PART I, DEATH WAS CAUSED	BY: Respira		- Hypotens	ION	2 mths
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equires that the physician. signed by the burnat-transit burnat.		PART 2. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITIO	N GIVEN IN PART 1(o)	
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law bee is th	FICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTO	OPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
AN: The low re all ar attending icate has been for use as the Health priar to	ĬΞ	June 1968 C	Hoblastoma	YES _] ио 🔯	CAUSES OF DEATH?	
# p a g a g	CERT	21g. ACCIDENT WAS UNDERLYING			CURRED (Enter nature	af injusy in Part 1 ar Part 2	2, Item 18.)
SE SESE	MEDICAL	or contributing Cause of Death	HOUR A.M. Manth Day Yea	or 19			
YSI Nosp ceri ceri thec	ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.		et ar R F.D. No.	City or Town	Caunty State
PH art be this eta		While Not while at wark					
NG NG V the Fer Fer Fate		22a, I certify that (1) (this	s haspital) attended the decedive an arch (march) (we) (did) (did nat) view th	sed from 21 5am	. 1964.	ta_3 April	9_6-7_, that (1) (we) las
NDI NDI ed ba		saw the deceased al	ive an 21 march	_19 <i>47</i> , and that in (m	📆 (aur) apinian a	leath accurred an the c	date and haur and fram th
t t t		causes stated abave,	, (1) (we) (did) (did nat) view th	e bady atter death.		20	c DATE SIGNED
A ret ret with with with with with with with wit		22b SIGNATURE	Staphenson r	DEGREE PHYS.	ING MED. DIRECTOR	CTAFF	3 April 1969
Dig ed		1 Kichard J.	Staphanon 1	22e. ADI		(L PH15. L)	2 Hpril 1767
ZAL CAL Po be f		NAME (Type) Richa	and R. Stephe	NSON M D. 13		N Road, Bo	alt. md 21212
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burnel-transhould be filed with the State Dept. af Health priar to burial, creative of the contraction	02.			OF CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
oge age	230			Andrew's		iltimore,	Maryla:
h- h-	24				25a. REC'D BY REGIS		
SOM REV. 1868	A.	F.SADOWSKI &	SONS, 1808 EAS	TERN AVE.	DATE APR	7 1969	and Jung

MAKTLAND STATE DEPAKTMENT OF HEALTH

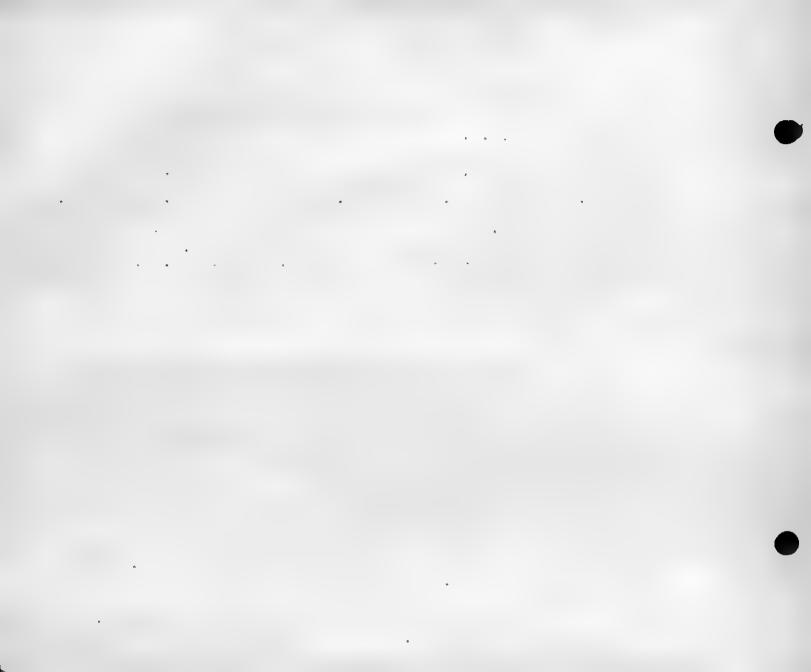


	MARYLAND STATE DEPARTMENT OF HEALTH OF OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	05063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWNS Month Doy Year 2b HOUR
	(Type or Print) AMELIA HILDEBRAND OF ESTI- DEATH MATED 4 16 19 6911: INT
ny delay is 2, and 3 to PM3. Page	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF JNDER 14 HRS. 2c. DATE PRONOUNCED DEAD 2d HOUR
ny delay 2, and 3 PM3. Pa Partment	Female White Gr. 13 Total Bays Hours Min April Day 16 Year 1969 11:187
Barging, ₁₇ m.	70 SUTHPLACE (State or foreign 7b. C TYZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
The Constitution of the Co	widowed Divorced Baltimore Md
Give Pages 1, and with form ith the State De Jah.	10. CITY OR TOWN OF DEATH 11. NAME OF MOSPITAL OR INSTITUTION (If not in hospitor) 12. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY
after death B Grve Pag along with with the Sta	Towson Greater Balto. Medical Centler
office of the state of the stat	13a. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN admission) STATE 13a STREET AND NUMBER YES NO TOWN
rrs a 1 18 1 18 re alt	Md. P Barto. Barto. 10 Z972 E. Coldspring Lane
hin. 24 havrs after de mail in 14 m 18 Give P niper's Office along wi pages 1 and 2 with the havrs after death.	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
hin. 24 mail in niper's pages I haurs	160 WAS DECEASED EVEN IN U. S. ARMED FORCES? 160 SOCIAL SECURITY NO 17/INFORMANT 21 ADDRESS Z4164 FD 24 AD
	(Yes, no, or unknown) (If yes give wor or dotes of service)
shauld be executed with word "pending in the Chief Medical Exarturial-transit permit. File in any event within 72	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus
And Wed	450 V DUE TO, OR AS A CONSEQUENCE OF
be 'pe 'pe iief insit	Canditions, if any, which gave
uld and and and and and and and and and an	rise to immediate couse (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF A
te shauld be e the ward "per I to the Chief I a burial-transit nd in any ever	lost. (c)
INER: This certificate shauld be executed as certificate, writing the ward "pending" in shauld be forwarded to the Chief Medical files. 3 should be used as a burial-transit permit. action, ar remaval, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
rifica riting ardec d as	Adenocarcinoma of the uterus 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
cer arw arw use	196, DATE OF OPERATION - 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YESSEN NO
INER: This certifice e certificate, writin should be forward files. 3 should be used as carious ar remaval.	19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? VESTEX NO 21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING P.M. 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) P.M. 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) P.M. 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) P.M. 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) P.M. 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 2, Item 18.) 9 21d INJURY OCCURRED (Enter nature of injury in Port 2, Item 18.) 9 21d INJURY
指示 辛り	PRIMARY OR CONTRIBUTING HOUR A.M. AUSS OF DEATH PM 9
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XAMINER: te the certii ge 4 shauld yaur files. 'oge 3 shoul crematian,	WHILE NOT WHILE foctory, office building, etc.)
SICAL EXAMINER: se execute the cert ctor. Page 4 should ned for your files. ECTOR: Page 3 shou	220. I certify that I took charge of the remains described above, held an Autopsy (XK) Inspection (), Inquiry (), and in my opinion
ICAL E executor. Page ed for CTOR: Fourial,	death resulted fram: Notural causes XX Accident , Suicide , Homicide , Undetermined monner
please directs retaine cor to b	CHIEF MEDICAL EXAMINER
Ty please red direct se retains (AL DIRE prior to	SIGNATURE (M.) COLO M.D. ASSISTANT MEDICAL EXAMINER XX 22b. DATE SIGNED
San	EXAMINER'S DEPUTY MEDICAL EXAMINER April 16, 1969
necessary, please execute the funeral director. Page 4 5 may be retained for your to FuneRal Directors. Page Health prior to burial, crem	NAME (Type) Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county)
5 = = 25 =	23 BURIAL, CREMATION, 23b DATE (County) (Stote)
2. 4	25 REC D BY REGISTRAR S. SIGNATURE
VR ATSME (5)	25 RECD BY REG STRAR 256 REGISTRAR S, SIGNATURE APR 2 2 1969 Grands Junge
10M REV. 1/68	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05056 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALPHIDERT. I DECEASED NAME First M ddle Lost 20 DATE KNOWN [Month 2b HOUR (Type or Print) ROSE HODGES ESTI-/69 DEATH MATED 19 A AGE in years 3 SEX 4 RACE S DATE OF BIRTH IE JADER YEAR IF LINDER 24 HRS 27 DATE PRONOLINGED DEAD 2d HOUR 76 vs HOURS 4/30/92 white female 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Baltimore Baltimore U.S.A. WIDOWED X DIVORCED [8. Give Pages the State olong with 10, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY
Machine Opr. Continental Benjies Rt. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Md 136. COUNTY alto. 611 N. Potomac St. Balto. YES X NO T and 2 24 hours be certificate, writing the word "pending" in pencil A Item I should be forwarded to the Chief Medical Examine's Selfice after 4 FATHER S NAME Middia tost IS MOTHER'S MAIDEN NAME First Middle Lost Kate White Charles Hart hours pages 160 WAS DECEASED EVER IN 1.5 ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Benjies.Md. **ADDRESS** 21220(Yes, no, or unknown) Milred W. Harrod, dght. Rt. 14, Box13 5-03-3674 File APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per-line for (b), (b) and (c).) BETWEEN DISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate couse (a), This certificate should any DUE TO OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal. CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, e Q YES [210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B) shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No City or Town County State foctory, office building, etc.) MOT WHILE AT WORK burial. 22a I certify that I taak charge of the remains described above, held an Autopsy inspection / Inquity. and in my apinion the funeral director. death resulted from Accident Suicide Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** FO FUNE Health Theodore C. Patterson Dr. NAME (Type) ADDRESS(Street, city town, or county) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) 4/7/69 Parkwood Cemetery Baltimore, Md. Burial 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE Schimunek Funeral Home, VR A15ME (5) 1969 Brehms Lane 3331 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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	ATENDING PHYSICIAN: The law requires that the death terrific stained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physhauld be detached far use as the burial-transit permit. Them pith the State Dept. at Health priar ta burial, crematian, ar remaval,	-	21d INJURY OCCURRED 21e	PLACE OF INJ	URY (AT NOME B	FARM, STREET FACT LILDING, ETC.	ORY.) 21f	LOCATION Street	t ar R.F.D. Na.	City or To	₩n	County	State
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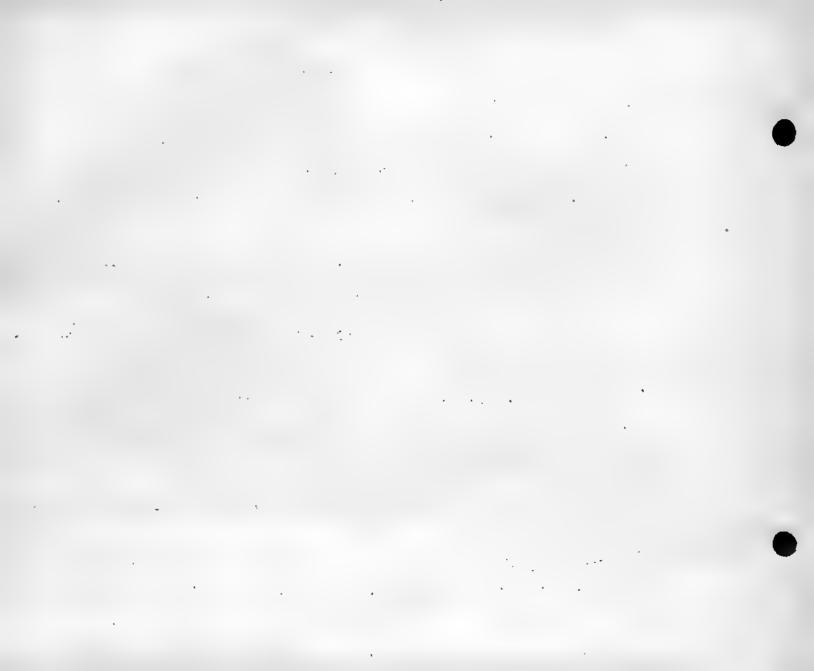




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3/6	'		05067 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 CERTIFICATE OF DEATH				VILL MARIEMED 21201	05#59	
• eath.	ond 2		CEASED-NAME First type or print) ETHE	Middle L BEAUCHA	MP HOLL		2a. DATE OF DEATH 4 M219 Da	y 69 Year	2b, HOUR 9:20 P
offer d	iffer d	3. 5		4 RACE CAUCASIAN	5 DATE	E OF BIRTH 2-19-85	6. AGE (In years last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF JNDER 24 HRS. HOURS MIN.
urs		7o.		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEV		COUNTY OF DEATH		
24 ha	requires that the death certificate be executed within 24 haurs after death ag physician. In signed by the attending physician and completely filled in by the funeral is burial-transit permit. Then please remays carban papers ages 1 and 2 e burial, crematian, ar remayal, and in any event, within 72 hours after death.	COU	Wew Jersey	U.S.A.	WIDOWED [X]	DIVORCED	BALTIMORE		Md.
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cert	In plant		18. CAUSE OF DEATH (Enter anl	y ane cause per one far (a), (b), and (a))			APPROXIM	MATE INTERVAL NSET AND DEATH
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OR ATTENDING PHYSICIAN:	DIRECTOR: After this or ge 3 shauld be detach led with the State Dept	200	***************************************	PLACE OF INJURY (AT HOME, FARM, STREET F OFFICE BUILDING, ETC.	1		City or Town	Саьнту	State
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195/ TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.	D FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta			EERAJA THAKYR		e. ADDRESS	nore, Maryland		
HOSF ge 4	directar, pag	23a	BURIAL, (REMATION, 23b. D REMOYAL Speniy) 2		CEMETERY OR CREMAT	ORY 2	3d LOCATION (City or Town)	(County)	(State)
10	200				tia Vemete	· ·	Perryman, (Har		.) Md.
	VR AIN	7	FUNERAL DIRECTOR	Tarring Feme Aberdeen,	ral Home Md. 21001	25g, REC D BY R	GISTAGES 255 ALGISTRAR	THE REAL PROPERTY.	2.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 -0.5~0~6~0CERTIFICATE OF DEATH Middle DECEASED-NAME Last 2a. DATE OF DEATH 2b HOUR **D FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and empletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove/carbon papers. Population and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after-death. executed within 24 hours after death (Type or print) (-USTAF Month W. HOLMGREN 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR JE UNDER 24 HRS Dec. 30, last bythday) MONTHS HOURS WhITE 1916 MALE 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🖳 (ountry) / onn. ALTIMORE WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tal 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR giranten Balto. Med. Cen. 1 owson 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c_CITY OR TOWN 13d INSIDE CITY JIM TS? 3e SIREET AND NUMBER 8207 Lockraven Blvd. admissian) STATE 13b COUNTY lowson. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost Dorothy RudoLph Holmgren varner. requires that the death certificate be 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address (f yes/glye'war of plates of service) Ydd, go pr unknown) 043-07-1342 Lois Holmaren Towson, I'd. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DIRBET. BETWEEN ONSET AND DEATH JlomERU lose EROSIS DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave) DIABETES MEllITUS rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 4 may be retained by the hospital or ottending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the DISEASE TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a, BATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES [NONE 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town State While Nat while County at work 220. I certify that (I) (this heapital) attended the deceased from 111126 , 1961, to 1201 30, 1969, that (I) (18) last saw the deceased alive an 2001 7, 1969, and that in (my) (1969) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (and) (did not) view the body after death. 22c DATE SIGNED MD, DEGREE DIRECTOR PHYS DASON NO. REISTERS 22d. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY Baltinone National BURIAL, CREMATION, 23d LOCAT QN (City or Town) (Stote) (County) timore, ild. BREMOVAL (Specify) 25a, REC'D BY REGISTRAR 5 1969 Line & Sons Reisterstown, Md.



18		05069 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAI	RYLAND 21201 050	61	
4		CERTIFICATE OF DEATH	000	05061	
death.		Proper or print) First William Hoyte 2a. DATE OF William	April 130 1969	25 1818	
E - E	3 SI	at article of pitting	6 AGE (In years IF UNDER 1 YE	EAR F JNDER 24 HRS	
TATE SE		male white 10/12/1879	89 "YRS.	DAYS HOURS MIN	
24 hour d'in pers. 72 hou	can	12d Bitaket	timore	Mc	
physicial be executed within 24 hourship physicial and campletely filled in or en please remove carban papers. Pagovol, and in ony event, within 72 hours	Ca	tonsville 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12. USJAL OCCUPATION 12. USJAL OCCUPATION 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12. USJAL OCCUPATION during most of working SPRING GROVE STATE HOSP. 12. Doorer	life, even if retired) INDUSTR	D OF BUSINESS OR	
that the death certificat be executed vion. by the attending physicion and amplete transit permit. Then please remove cart cremation, or removal, and in ony event,	13a adm	USUAL RESIDENCE (Where deceosed 1 ved, if institution Residence before 13c CITY OR TOWN 13d. NSIDE CITY UM 152 13e STI	REET AND NUMBER City H		
remort only	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First	M.ddle	Last	
	160	CK12/13/6/17	BRODER		
PHYSICIAN: The law requires that the death certificate hospital or attending physicion. his certificate has been signed by the attending physicionstoched for use os the burial-transit permit. Then please Dept. af Health prior to burial, cremation, or removal, an		(es, no., or unknown) (11 yes give war or dates of service) 219-54-3165J1 Records: SPRING GRO			
ing 1		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: RYONCH DADDELIMONT	APP BETW	PROXIMATE NIERVAL	
leat mit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			
he d per per non,		DUE TO, OR AS A CONSEQUENCE OF			
the the material		Conditions, if any, which gave (b)			
trar cre		stating the underlying couse Dut 10, OR AS A CONSEQUENCE OF			
equires that the physicion. signed by the burial-transit to burial, cremati		lost. (c)			
V: The faw requires the or attending physicion ite has been signed by use os the burial-traisalth prior to burial, cre	22	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	I IN PART 1(a)		
faw endi s be s the os the	CATFO		YES, WERE FINDINGS CONSIDERED	IN CERTIFYING	
AN: The taw rial or attending icate has been for use os the Health prior to	CERTIFICATION	YES & NO	OF DEATH?		
AN: lor cate or u		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injur or contribut no Cause of Death HOUR A.M. Month Day Year	y in Part 1 or Part 2, Item 18)		
pita pita d fo	MEDICAL	(If either, natify medical examiner) P.M 19			
	M	While Not while ORFICE BUILDING, ETC	of Town County	Stote	
by the		22a. I certify that (f) (this haspital) attended the deceased from Fiery 12 , 1913 , ta	SDELL 13, 1969 , 1	hat (I) (302) las	
ATTENDING attained by th CTOR: After I should be d		22a. I certify that (1) (this haspital) attended the deceased from Nay 11, 1913, ta saw the deceased alive an April 13, 1909, and that in (my) (out) apinian death a causes stated above, (i) (vie) (did) (24,001) view the bady after death	ccurred on the date and ho	our and fram the	
ATTEND etained CTOR: A should with the		22b MONTURY	22s DATE SIGNED		
OR ATTENI OR ATTENI DIRECTOR: A je 3 should		DEGREE PHYS MED DIRECTOR C	STAFF U 4-14-6	9	
AL Day I		22d. PHYSICIAN'S 22e. ADDRESS SPRING GROV		AL	
SPII 4 m d be			Maryland 21228		
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 should be filed	23a	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATIO	N (C ty or Town) (Caunty)	(Stote)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		BEMOVAL (Specify) 4 16-69 SCHWRETES CEM BA	p. 0., Nio.		
VR A15 1310	24	FUNERAL DIRECTOR 2534 ADDRESS & STATE 250 REC'D 84 REGISTRAR	25b REGISTRAR S SIGNATURE	Ourden	
45M 1/89	1	John W. Miller Transport Home DATE APR 151	988 ficharles	-	

BAADVIAND CEATE DEDADFRENT OF HEALTH



1	1	05070 DI			DEPARTMENT OF H RESTON STREET, BALTIJ		21201	
FOR STATE		03010			R'S CERTIFICATE (/	0506.
HEALTH DEPT. ≥ = (a) (b)		ECEASED-NAME Type or Print} W	first 11bert	Middle Å e	Huffman	20.	DATE KNOWN Month OF ESTI- DEATH MATED MERK	Doy Yeor 25. HOUR 17 1969 11 A M
2, and 3. PM2. Ppariteent		ale Whit		711 6 AGI	(In years IF UNDER 1 YEAR MONTHS DAYS YRS.	HOURS MIN.	DATE PRONOUNCED DEAD Month Day Pril 17	Year 1969 11. 25 M
	COUR	rarytand	U. S.	. A.		CED 🗌	Baltimore	Md.
haurs after death frem 18. Give Pages 1, Office alang with farm land 2 with the State De ofter death		Dundalk	give	street oddress) 1 M	STITUTION (If not in hospitor idway	Retired-	TION (Kind of work done king te, even if retired) B ethlehem St	126 KIND OF BUSINESS OR INDUSTRY.
haurs after fem 18. Giv Affice olang Land 2 with	04	JSJAL RESIDENCE (Where	and 136 COUNTR	altimore	,	YES 🗌 NO 🍱	STREET AND NUMBER 1 Midway	
ST C V IN V		ATHERS NAME Fres	r A	. Huffma		N NAME First Lula Vife)	M ddle Belle	Phillips
withm-24 n bencil in Examiner's File pages n 72 haurs		No	t yes give war or dates of service)	16b. SOCIAL SECURITY N 218-01-25			1 Midway, D	undalk, Md.
ecuted ling" in edical E ermit. f within		18. CAUSE OF DEATH (E PART I. DEATH WAS	mmediate cause (0)	11, 2, 0	V- Disen	75 e'		BETWEEN ONSET AND GEATH
XAMINER: This certificate shauld be executed withm-24 the the certificate, writing the ward "pending" in percil in got 4 shauld be farwarded to the Chief Medical Examiner's yaur files. **Agge 3 shauld be used as a burial-transit permit. File pages crematian, ar removal, and in any event within 72 haurs		Conditions, If any, which rise to immediate couse stoting the underlying	gave (b)	R AS A CONSEQUENCE OF				
ate shai g the w ed to th s a buria and in c		PART 2. OTHER SIGNLFICAN	(c)	TING TO DEATH BUT NOT	RELATED TO THE TERMINAL DIS	EASE OR CONDITION GE	/EN IN PART 1(o)	
no DEPUTY DICAL EXAMINER: This certifican necessary, please execute the certificate, writing the funeral director. Page 4 should be farwarded 5 may be retained far your files. O FUNERAL DIRECTOR: Page 3 should be used as Health prior to burial, cremation, ar removal, a	CERTIF CATION	19a. DATE OF OPERATION		196 COND, HON FOR W WAS PERFORMED?	HICH OPERATION	}		20 AUTOPSY? YES NO 15
IER: The certification and be should	DICAL	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBL CAUSE OF DEATH	TING HOUR A	M. 19			injury in Part 1 or Part 2,	Item 18)
L EXAMIN Page 4 sh ar yaur fil R: Page 3.		21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		(At home, form street, ng, etc.)	21f. LOCATION Street or		City or Town	County State
DICAL EXAMINER: se execute the certification. Page 4 shauld intended for your files. ECTOR: Page 3 shauld a burial, crematian,		220. I certify to deoth resulted fr			d obove, held on Autop:		ion 🔼, Inquiry 🛭 Indetermined monner	
ry, please rad direct be retaine RAL DIREC		ACTUAL SIGNATURE	1160	air	ASSIST	MEDICAL EXAMINER TANT MEDICAL EXAMINE	22b. DAT 22b. DAT 26800 Morni	e SIGNED 4/18/69
necessary, please extended the funeral director. 5 may be retained for Funeral DIRECTOR Health prior to bur	230	EXAMINER'S NAME (Type) Mel	vin B. Dav		M. D. ADDRI	ESS(Street, city, town, c	or county) Dundalk,	Md. 21222 (County) (State)
7 12		PEMOVAL (Specify) FUNERAL DIRECTOR	^{23b} DATE 4/21/69		idge Memorial		Dorse	y, Maryland
VR ATSME (9)	J	ohn J. Duda,	7922 Wise		lk, Md.	APR 2 1		Las Juegas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH First 1. DECEASED-NAME Middle 20. DATE KNOWN Y Month 2b. HOUR (Type or Print) ESTI-LESTER 19 695 : 50b HUGHES DEATH MATED April. 4 RACE 5. DATE OF BIRTH AGE (In years SE UNDER 1 YEAR IF UNDER 24 HRS. 2r. DATE PRONOLINCED DEAD 3. SEX 2d. HOUR 10/22/08 Day 1969 5:50p Male White 60 YRS. 7a, BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED 9 COUNTY OF DEATH the State De country) USA WIDOWED [DIVORCED [Balto. 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done insteam 18. Give Page is Office along with 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working life, even if retired.) give street address) In Auto outside 1200 Burkwood Rd. Dundalk death. 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c C.TY OR TOWN 13e. STREET AND NUMBER land 2 with 13b. COUNTY 24 hours after 15. MOTHER S MAIDEN NAME 14 FATHER S NAME TUEFEL HUGHES ANNA LAWRENCE pages haurs 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 4 should be forwarded to the Chief Medical Examin (Yes, no, or unknown) 220-14-1519 FAYE HUGHES ABOUE APPROXIMATE INTERVA event within be executed 18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) BETWEEN ONSET AND DEATH permit. PART I DEATH WAS CAUSED BY: IMMIDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), any (shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal. CERTIFICATION 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certif-cate, YES KIN MO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 211 LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection XX Inquiry 1 and in my apinian Natural causes XX Accident . Suicide . Hamicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 4/2/69 DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health ADDRESS(Street, city, fown, or county) NAME (Type) Edward F. Wilson, M.D. 230 BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BURIA 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR VR ATSME (5) CONNELL



17	1			OND STATE DEPARTME			
7		05072	DIVISION OF VITAL RECORDS			ND 21201 05	064
		00014		CERTIFICATE OF I	DEATH		0 0
EASTE		ECEASED-NAME First	Middle	Lost	2a. DATE OF DEAT		2b HOUR
E/NI I B	1	Thor	IAS H.	HUN 7	-4	Month 14 Day 189	jear M.
	3. 5		4. RACE	S. DATE OF BIR	TH 6. A	GE (In years IF UNDER	I YEAR IF UNDER 24 HRS
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then blesse remave carbon papers. Pages I should be detached far use as the burial-transit permit. Then blesse remave carbon papers. Pages I should be detached for use as the burial, cremation, ar remayar, and in any event, within 72 haurs after ith the State Dept. at Health prior to burial, cremation, ar remayar, and in any event, within 72 haurs after		M	11/	ALL9/	and the same of th	t birthday) MONTHS	OAYS HOURS MIN.
P × + ×	7.	DIDYUDLACT (Casts on formal	7b. CITIZEN OF WHAT COUNTRY?	1.		73 YRS.	
haur in by 2 hau		BIRTHPLACE (State or foreign		8 MARRIED NEVER MARR			
filled in papers.	L	1/d-	U.S.A	WIDOWED DIVORC	ED DAI	TIMORE	Md
filled pape	10.1	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital	1120. USUAL OCCUPATION (Kind	lot work done 1125 K	CIND OF BUSINESS OR
vity vity	10	ATONSVILLE	give street address)	ple	during most of warking life, i	even if retired.) INDUS	NERNHANT
d v d v			ed lived, if institution: Residence before	13c CITY OR TOWN	Id. INSIDE CITY LIMITS? 13e STREET		7
executed with and campletely fremove carban I any event, with	odm	ission) STATE Md	13h COURT AITIMERE	CATENSVIlle	YES NO 129	Optid plea	
xec may	14	FATHER'S NAME First	Middle Lost	1s. MOTHER'S MAI	DEN NAME First	Middle	last
and rem		7-6	H H.	- 1 -7	REIA IANUE LUDI	14	, (03)
ate b	14-	MAS DECEMBED ENTER IN L. S. ADV	TO FORCES LIFE COCIN SECTION	N /		177	AINCO
	100	WAS DECEASED EVER IN L.S. ARM	AED FORCES? TOT or dotes of service) 2/2-07-		4 7 17	9 Cokdale	Dultzoull
even (see partifice)		NO WN	T Z	LITHA S.	MUNI 12	CHAMILE	DHIM WILL
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter and	By one cause per line for (a) , (b) , and $($	r).) _ ~	1 1	_ 81	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ath ndii nt.		PART I. DEATH WAS CAUSED	O BY ATE CAUSE (o)	(mark . 1	he le pe le		4 magin
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the a		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE O	illa sill to	in 1: 1 %	. t. 12	
of the north		rise to immediate cause (o),	(b)				
tha jay tran crer		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F			
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equires t physicia signed B burial-fr burial-fr		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	D SEASE OR CONDITION GIVEN IN I	'ART I(a)	
reen for the	z						
The law ratending attending has been se as the harior ta	CERTIFICATION	190. DATE OF OPERATION 195. C	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOP:		WERE FINDINGS CONSIDERE	D IN CERTIFYING
X has	ΙĔ			YES 🗀	NO CAUSES OF E	EATH?	
alt as a series	1	21o. ACCIDENT WAS UNDERLYING	G 215. TIME OF INJURY		IRRED (Enter nature of injury in	Part 1 or Port 2. Item 18.)	
find AN	ਤ	OR CONTRIBLTING CAUSE OF CEATH	H HOUR A.M. Manth Day Yes	ır	(
Signature of the state of the s	MEDICAL	(If either, natify medical examin		19	- DCD N- Ch T	(Cánha
PHYSICIAN: 1 he haspital ar this certificate letached far us Dept. af Healt	1		PLACE OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION Street	or R F D No. City or To	wn Equaty	y Stote
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ie 3 shauld be detached for use as the burial-traned with the State Dept. af Health prior to burial, crea		While hat while at work					
DING 1 by 1 After 1 be c		22o. I certify that (I) (this	is haspitol) attended the decea	sed fram	, 19 <u>60</u> , to	19 67	, that (I) (we) last
N P P P P P P P P P P P P P P P P P P P	1	sow the deceosed of	live on	1962, and that in (my) (aur) apinion death occui	red on the date and	hour and from the
1 in 80 bit			e, (I) (we) (did) (did not) view thi	e bady offer death. K	to e fection of 10%.		
With the second		22b. Signature	19 1 1 1106	ATTENDING	MED. TO STA	FF 22c. DATE SIGI	NED /4
OR DIRE		10 Y	ucher Jol Jag	DEGREE PHYS	DIRECTOR DE PH	5 4 7- /	16-61
A y S		22d PHYSICIANS NAME (Tube)		22e. ADDR	ESS		
A Pur		HARIL (778/6)					
Page 4 may be retained by the haspital ar attending physician. • Funeral DIRECTOR: After this certificate has been signed by the attending physician. • Funeral DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then poshauld be filled with the State Dept. af Health prior to burial, cremation, ar remayal.	23a	BUR AL, CREMATION, 23b. D	DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION (Ci	ty or Town) (Count	ty) (State)
TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be fill		REMOVAL (Specify)	118/1919 57,	John	EllicoTI	CITY BAITE	· Mel
	24.	FUNERAL DIRECTOR	ADDRE	SS	250. ARES D. BY REGISTRAR	DEL DEFICEBADE CICRAT	
WR A15 (4)	5	2 2h. n. al	- 301 Treoloric	1-Rd- 21228	APR 2 1 1969	250 REGISTRAR'S SIGNATU	mage
I.R		CONTRACTOR CO	7 400	77	MAIL		1"



c1. C		05073	DIVISION OF	MAKYLANI VITAL RECORDS,			ENT OF HEA FFT BAITIMO		AND 21201		
9		49819				ATE OF		act, modera		05865	5
		ECEASED-NAME LAST Risco (ype or print) HUNT		VIRGINIA		Adat	20	DATE OF DEA		y 4 Yeo 9	2b. HOUR
	3. S		4. RÁCE	<u> </u>		5 DATE OF BIR	TH	6. /	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE	NE	GRO			10/18	10	st birthday) 44 YRS.	MONTHS DAYS	HOURS MIN.
	7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH		B MARRIED TY	NEVER MARK		OUNTY OF DEA		<u> </u>	
		Baltimore			MIDOMED			E	BALTIMO	RE	Md
g)	1D. (ITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INST reet address)			12c USUAL OC	CUPATION (K n	d of wark done	126. KIND OF	BUSINESS OR
7	L	BALTIMORE		G	B.M.C				everylit retired)	INDUSTRY	
,	13a adm	USUAL RES DENCE (Where deceos ission) STATE	ed lived, if institute	an Residence before	Ba lti m		3d. INSIDE CITY . AI TS?	13e STREET 518 1	AND NUMBER	Street	
1	14	ATHER S NAME First	Middle	Lost	15.	MOTHER S MA	DEN NAME First		Middle		Lost
1	_	Charles		Hunter		irgini.	a			Johnso	n
		WAS DECEASED EVER IN U.S. ARM es, na, or unknown) (If yes give w	or or dates of service)	16b. SOCIAL SECURITY N		FORMANT			Address	-	
				215-24-102		Charl	es Hunte	r 2552	Hollins		
		18. CAUSE OF DEATH (Enter and PART DEATH WAS CAUSED	y one cause per lin	e far (a), (b), and (c).)		311 05	GIDGI N	00 70		BETWEEN D	NATE INTERVAL NSET AND DEATH
		IMMEDIA	TE CAUSE (a) RU	PTURED A	NEBRYS	SH OF	UBARAC	OF, MT	LLLIS	4	8 hrs.
		Canditions, if ony, which gave	DUE TO, OR A	A CONSEQUENCE OF	V	ATTH S	UBARAC	HMOTD	HEMMOR	CHAGE	
		rise to immediate couse (a),	(b)	A CONSEQUENCE OF							
		stating the underlying cause	DUE TO, OK A:	A CONSEQUENCE OF							
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE OR COMDI	TION GIVEN IN	DAPT 1/a)		
	20				T RESTIES TO	THE TENNISHME	DISCHOL OF COMO.	TION STAFFA	IAKI ((0)		
	CERTIFICATION	19a. DATE OF OPERATION 19b. (ONDITION FOR WHI	H OPERATION WAS PER	FORMED	20o. AUTOP	SY?	20b. IF YES,	WERE FINDINGS	CONSIDERED IN CI	RTIFYING
	IIEC					YES 🔀	NO 🗔	CAUSES OF I	DEATH?		
I		21a. ACCIDENT WAS UNDERLYING	216. TIME OF		2ic. HOV	V INJURY OCCU	IRRED (Enter nati	are of injury in	Port 1 or Port 2,	Item 1B.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	Manth Day Year							
		21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AY HOME, FARM, STRFET, FACT OFFICE BUILDING, ETC.				City or To		County	State
		22a. I certify that (1) (thi saw the deceased al	s haspital) atte	nded the decease	d from	4-3-		, tc <u>4</u> -	-4 , 19	69 , that	₹f) (we) last
		saw the deceased al causes stated abave	or chall (did) (disheration the h	adv after de	that in (2004)	(aur) apinian	death accu	rred an the d	ate and haur	and from the
		22b SIGNATURE	(trial family (trial)	O siew trie o	ady affer de				220	DATE SIGNED	,
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		22d. PHYSICIAN S				22e. ADDR		VK 111	13. ZE E	14/03	
		NAME (Type) CH	ARLES C	BROWN		6	701 N (HARLE	SST	PAT.m_	MD-
	23a	BURIA. CREMATION 236 C	ATE 8, 196	G 23c TYAME OF C	EMETERY OR C	REMATORY DE	2N, 230	LOGATION (C	lus ()	(County)	mul 1
J	24.	FUNERAL DIRECTOR		ADDRESS		1	25a. RECD BY REC	ISTPAR	The RECHES	SIGNATURE	der
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1	05075 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH 050	67
	SED-NAME 10 LFAT Middle Lost 20, DATE OF DEATH	2b. HOLLR
deott deott	or print) OLIE M. IRVIN 4 Month 16 Day 6 great	4 7 M
rigate be executed within 24 hours offer deoth. sizinar and completely filled in by the energial please remove corbon papers. Pages Land 2 if and in any event within 72 hours offer deoth.	Female. White 3-17-95 6. AGE (In yours lost birthday) YRS.	
in b	PEAN 1/ 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED COUNTY OF DEATH	Md
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physis	no, or unknown) (If yes give war or dates of service) - Chart-VACGUELINE 30111	VAN
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SICL spritch entified if	either, notify medicollexominer) P.M. 19	
PHYSICIAN: the hospital or this cert ficate detached for u e Dept. of Hea	d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Not while of work	State
by by Stat		ot (I) (we) last
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OR AI be reto NIRECTON e 3 sh ed with	6. S GNATURE ATTENDING DIRECTOR STAFF 22c DATE SIGNED DEGREE PHYS DIRECTOR PHYS D	
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HOSI ge 4 rune ectol	RIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY , 23d (OCAT ON (City or Town) (County)	(Stote)
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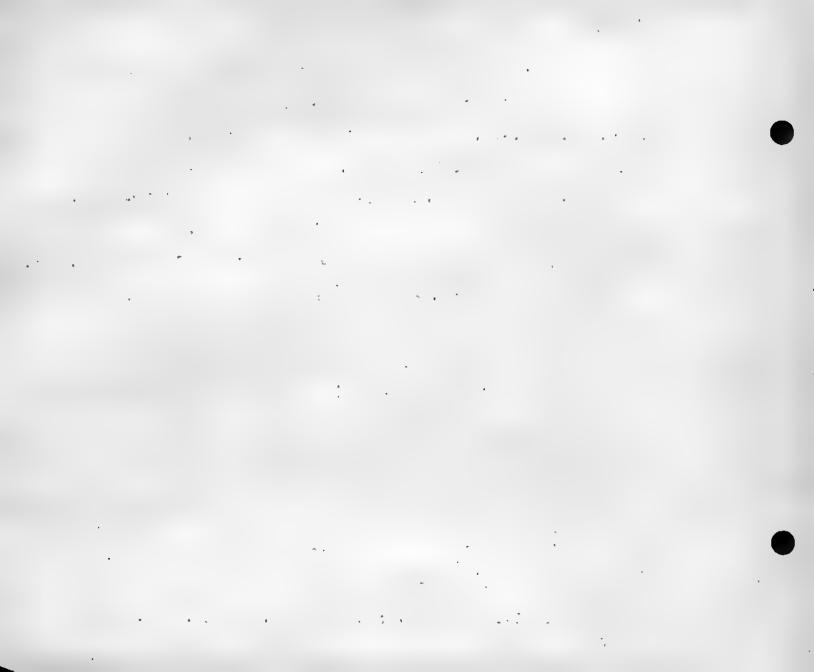


05076 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05068 CERTIFICATE OF DEATH I. DECEASED-NAME Lost First Middle Joseph 2o. DATE OF DEATH 2b. HOUR (Type or print) WILLIAM HENRY JACKSON APRIL 30 AM papers. Pages 1 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF JNDER LYFAR RE JINDER 24 HRS campletely filled in by the last birthday) MONTHS } DAYS HOURS executed within 24 haurs off MALE: NEGRO 8/27/18 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED M NEVER MARRIED COUNTY U.S.A WIDOWED | DIVORCED [BALTIMORE within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY please remove carban FORT HOWARD ADMIN. HOSPITAL 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIM TS? 13c CITY OR TOWN 13e. STREET AND NUMBER 136 COUNTY YES X NO 2749 ROUND ROAD BALTTMORE and in any 14. FATHER S NAME First Middle Inst 15. MOTHER'S MAIDEN NAME First Middle ê ALFRED JACKSON SARAH RANSOME physician requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) burial, crematian, ar removal, 212 14 0814 the attending phys CLINICAL RECORDS. VAH. FT. HOWARD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) __PULMONARY EDEMA HOURS DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave YEARS VENTRICULAR FAILURE. rise to immediate cause (o). Page 4 may be retained by the haspital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO YEARS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s ise as the b th priar tab CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO [State Dept. af Health this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. City or Town State County OFFICE BUILDING, ETC. While Nat while at wark 22a. I certify that (X) (this haspital) attended the deceased fram APR 8 , 19 69 , ta APR 18 , 19 69 , that (X) (we) last saw the deceased alive an APR 18 , 19 69 , and that in (200) (aur) apinian death accurred an the date and haur and fram the O FUNERAL DIRECTOR: After director, page 3 sho≡ld be directar, page 3 should should be filed with the causes stated abave, (X) (we) (did) (access view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR **ATTENDING** 4 19 69 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ALFONSO A. LOPEZ. VAH. FT. HOWARD. MD. M.D. 230. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4/22/69 BALTO. NATIONAL CEMETERY BALTIMORE, MD. ADDRESS FUNERAL DIRECTOR VR A15 (4 30M REV MORTON & DYETT FUN. DIR.

MAKYLAND STATE DEPAKIMENT OF HEALTH



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hysicia n plea	16a Y	WAS DECEASED EVER IN U.S. ARM	NED FORCES? ar or dates at service}		Address Page 1730 Mo	
D HOSPITAL OR ATTENDING PRYSICLEM: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the haspital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician grid completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. P should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haul		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA' Conditions, if only, which gove) trise to immediate couse (a), (DUE TO, OR AS A CONSEQUENC	E OF DISE	ASE & CHRONIC	
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Page TO FUN direct		BURIAL, CREMATION, 23b. I BENOVA (Sorty) Ma.	y 2,1969 Balt	e of cemetery or crematory o. National Co		(County) (State)
VR A15 4	24	FUNERAL DIRECTOR	VIIII & 20 5 AD	1 4	4 24 4 8"	R'S SIGNATURE



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	I	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05070 CEMS 14815 Film G412 5/5/69 kk CERTIFICATE OF DEATH
death.		ECEASED-NAME Ketherine Middle Lost 20. DATE OF DEATH (spe or print) Ketherine Merie Tasper April Month 24 Day 19 (1909 533 M
	3. S	S. DATE OF BIRTH C.4. 26, 1400 6 AGE (In years FUNDER I FEAR FUNDER 24 HRS In STANDER 24 HRS In
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mylete	13o odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before list. CITY OR TOWN STATE Md list COUNTY Baltimore Carney LIST NO 2 9620 Vak Summit Rd. 2123/1
ord co		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle .Dietz Lost
ficate k ysician please al, and	160	was decrased ever in U.S. Armed Forces? (es, no. equinknown) (If yes give wor or dottes of service) (212-52-6580 Edwin F. Jasper 9620 Oak Summit Road 2123)
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may be ret RAL DIRECT Poge 3 si be filed wit		22d. SIGNATURE William a. Typon M. P. DEGREE ATTENDING MED. 22d. PHYSICIAN'S NAME (Typo) W. II. 2. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS Name (Typo) W. II. 2. M. A. Typon 22e. ADDRESS
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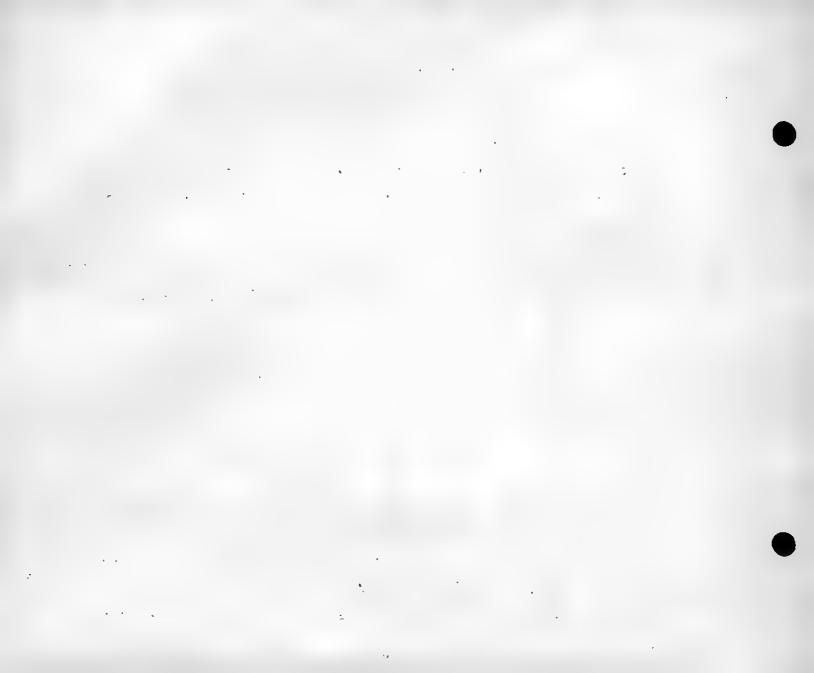
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OR ATTENI be retained DIRECTOR: A je 3 should ed with the		22b. SIGNATURE HELLY STREET DEGREE PHYS DIRECTOR DIRECT
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HO.	23a	BURIAL (REMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (Stote)
5-5 14	15°	REMOVAL (Specify) 4-7-69 SISTERS (FINETERY GLEN A) CONTRACT (SIGNALLING) FUNERAL DIRECTOR 250, RECO BY REGISTRAR S 1900 AUGUST 1800 AUGUS
VR A15 [4] 30M REV 1768	R	SYMOND J. CURRAN S. J. SEARCH DAPR 1 4 1969 Following Judges
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05080 05072 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR uneral 1 and 2 er death. executed within 24 hours after death (Type or print) Month 6 Doyl 969Year April ETHEL. BEASTON JOHNSON Page 4 may be retained by the hospital or ottending physician.

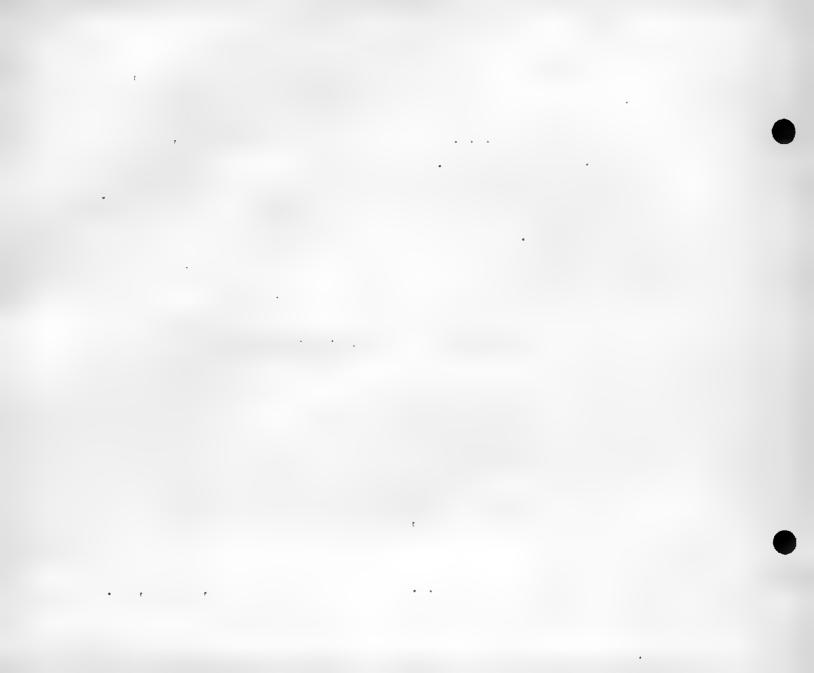
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 should be tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haves after a 4. RACE 3. SEX S DATE OF BIRTH 6 AGE (In years NE JINDER 24 HRS IF IENDER I YEAR lost birthdoy) DAYS HOURS 9-29-1887 Caucasian Female 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country)
Penna. DIVORCED [Baltimore U.S.A WIDOWED IT 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Dulaney-Towson Nursing Home Home working life, even if retired) INDUSTRY Towson 30 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Baltimore Baltimore NO K Dumbarton Road 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be Theodore Lewis Sara--160 WAS DECEASED EVER IN U.S. ARMED FORCES? TAB. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (il yes give war or dates of service) 214-46-8556 Shirley J. Hannon, 107 Aylesbury St. 21093 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO [210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from Sept. 4. 1968, to France 6, 1969, that (I) (we) last saw the deceased alive an april 5, 1969, and that in (my) (ear) april an april 6, 1969, and from the causes stated abave, (1) (we) (did) (die-not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE (County) (Stote) 4-9-1969 Druid Ridge Cemetery Pikesville, Maryland BurREMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Wm. Cook-Brooks Towson, 1050 York Road VR A15 40 30M REV 1/68 Towson, Maryland 21204



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05073 05081 CERTIFICATE OF DEATH 2b. HOUR M 1. DECEASED NAME First Middle Last 20. DATE OF DEATH death. OR ATTENDING PHYSICIAN: The law requires that the death certificate-be-executed within 24 haurs after death and (Type or print) Month Johnson Geneva Pearl 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR Female Negro 1898 last birthday) MONTHS CAYS 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore Md. WIDOWED 🔀 DIVORCED [7] Baltimore USA 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Caton Ridge during most of working life, even if retired) INDUSTRY Baltimore 21228 ursing Home 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIM TS? 43b COUNTY Baltimore 725 George St. 21217 and in any signed by the attending physkian and bur al-transit permit. Then please com 14 FATHER S NAME Last 15 MOTHER'S MAIDEN NAME First Middle Elizabeth Paige JOHN ELLIOTT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) 215-05-9285-A Eaton Ridge Nursing Home-329 Harlem Lane 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Growic Brotin Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 shauld be detached far use vith the State Dept. af Health 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram—saw the deceased alive on————19——, an _____, 19____, to_ ., 19_ ___, that (1) (we) last saw the deceased alive on_______, ind (i) (we) last courses stoted above, (I) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. 4-21-69 director, page 3 shauld be filed v DEGREE DIRECTOR 22d. PHYSICIAN'S NAME (Type) CESAR 22e. ADDRESS VALLE CAVERO 230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Auburn Cemetery Lal imore, Laryland

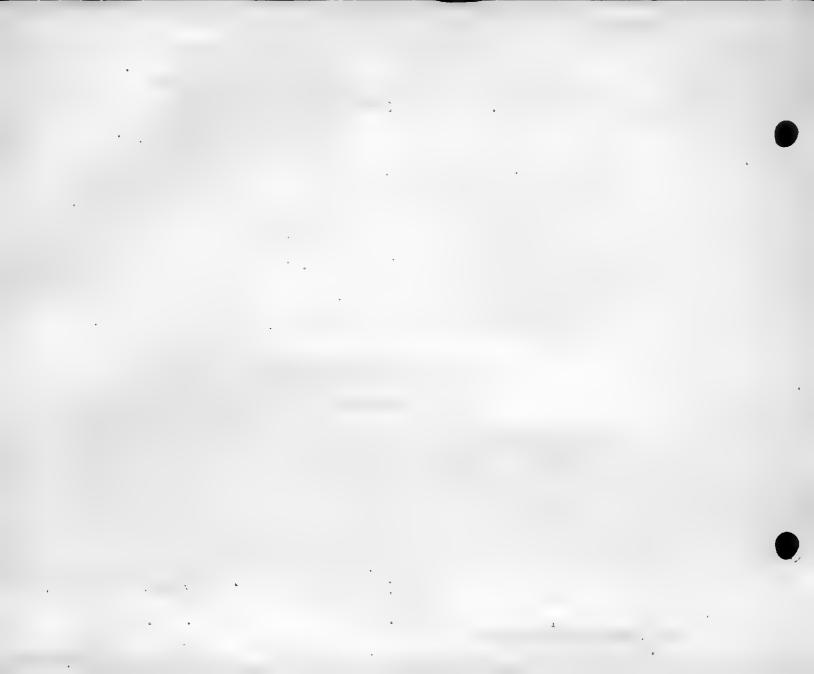


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		05082		VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH				
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Page 4 may be retained by the hospital or otherding physician To Funeral Director. After this certificate has been signed by the otherding physician addrector, page 3 should be detached for use as the buriol-transit permit. Then please Territor pages. Should be detached for use as the buriol-transit permit. Then please Territor pages. Should be detached for use as the buriol-transit permit. Then please Territor pages.	2	21d INJURY OCCURRED 21e While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET FAC OFFICE BUILDING, ETC	TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State		
by there are detected to the d	П	22o L certify that Of (thi	s hospitol) attended the decease	ed from April 29 , 19 6	9, to April 29, 19	69 , that () (we) lost		
TEND ined OR: Ai	ı	saw the deceased al causes stated above	tve an <u>April 29</u> 1 , (I) (we) (did) (did nat) view the I	9_69 and that in (🙌 (our) opin bady after death.	ni <mark>on death</mark> accurred an the dot	te and haur and from the		
R AT reto RECTC 3 showith		22b. SIGNATURE	0 ~		22c. D	ATE SIGNED		
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HOS Great	23o	BURIAL, CREMATION, 235 C	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)		
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FOD CTARE		05083 DIVISI			SION SIREEL, BALL		AND 21201	05095	
FOR STATE	_				S CERTIFICATE	OF DEATH		05075	
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dy is 3 to Poge		Lou		C.	Kafer		DEATH MATED	April 9, 1969)
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- C	7a	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	COUNTRY? 8.	MARRIED NEVER MAR	RRIED 7. COU	INTY OF DEATH		
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	0	mission) STATE Md.	136 COUNTY BE	areo.	DUNDALK	YES NO	1907 TOL	SON AVE.	
Office of after d	14 1	ATHER'S NAME First	Middle	Lost	IS. MOTHER S MAIL	DEN NAME First	Midd		
A BOW WWW		AUGU	IST KAFEI	R	MAGAD	ELENA	MARKEL		
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARME es no, or unknown) (If yes o		b. SOCIAL SECURITY NO	17 INFORMANT		ADDRESS		
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s certificate should be executed within , e, writing the ward "pending" in pencil i forworded to the Chief Medical Examiner used os a burial-transit permit. File page graval, ond in any event within 72 hour		18 CAUSE OF DEATH (Enter	only one couse per line	far (a), (b), and (c).)				APPROXIMATE BETWEEN ONSET	INTERVAL
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ro Di the 5 m v	23a	BURIAL, CREMATION, 23	Bb DATE	23c NAME OF CEA	NETERY OR CREMATORY	23d	LOCATION (City or Town	n) (County) (Si	tate)
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MARYLAND STATE DEPARTMENT OF HEALTH



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EOD STATE	05084 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5076
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	21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Months Day. Year 21c. HOW INJURY OCCURRED (Enter nature of jointry to Port 1 or Part 2 (term 18.)	YES NO-BT
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please direct retaine DIREC	CH.EF MEDICAL EXAM.NER	
AL C	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED	110
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10 170 He	230 BURIAL (REMATION, REMOVAL (Specify) 4/10/69 MORELANDS BALTO. MP.	y) (Stote)
	24. FUNERAL DIRECTOR ADDRESS	191
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filled papers in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) CATON RIDGE NURSING HOME BIGHERY/LANE YES	S RESIDENCE ON A FARM?
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Corbinate with	(Type or print) CLARA KARL DEATH APRIL 20	19 69
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ICIAN: The law requires that the death certificate be ospital or attending physician. Certificate has been signed by the attending physician hed for use as the burial-transit permit. Then please t. of Health prior to burial, cremation, or removal, and it.	213-18-6473-D Cathon Ridge luising Home - 327 Hos	lembore
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equir ing s een he b to b	gave rise to immediate cause (a), stating the DUE TO	
aw re ttendi has bu as th prior	underlying cause last. (c)	AS AUTOPSY
r ath te h	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROPERTY OF THE PROPER	ERFORMED?
. = := o =	20a, ACCIDENT WAS UNDERLYING 1 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.)	I NO 19
PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed by detached for use as the burial-trante Dept. of Health prior to burial, cre	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYS the t this detade	20c. TIME OF INJURY Month, Day, Year leading to the pure at work at wo	(State)
ING Ifter be Stat	p.m. 19 at work at work	(1) (C) l-s4
ATTENDING retained by ECTOR. After 5 should be with the Stat	21. I certify that (I) (this hospital) attended the deceased from $11 - 21 - 1967$, to $4 - 20 - 1969$, that saw the deceased alive on $4 - 20 - 1969$, and that death occurred at M, from the causes and on the date s	
ATT rets ECTO 3 sh with	22a. SIGNATURE 22b. DATE SIGN	ED
TAL DR May be AL DIRE page 3	Quantitle Comerco M.D. ATTENDING MED. STAFF 4-2/	-69
TO HOSPITAL OR ATTENDING PHYSI Page 4 may be retained by the his of Funeral director. After this director, page 3 should be detacl should be filed with the State Dep	22c. PHYSICIAN'S NAME (TYPO) CESAR VALLE CAVERU 8629 LIGENTY	
Page Page Fur direc	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Burrial 4/24/69 Holy Redeemer Cemetery Beltimore, Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	URE
VR A15 (4)	Witzke, 4101 Edmondson Ave., Balto., Md. 21229 DAMPR 2 4 1969 golovles June	ege.
15M 4-64		

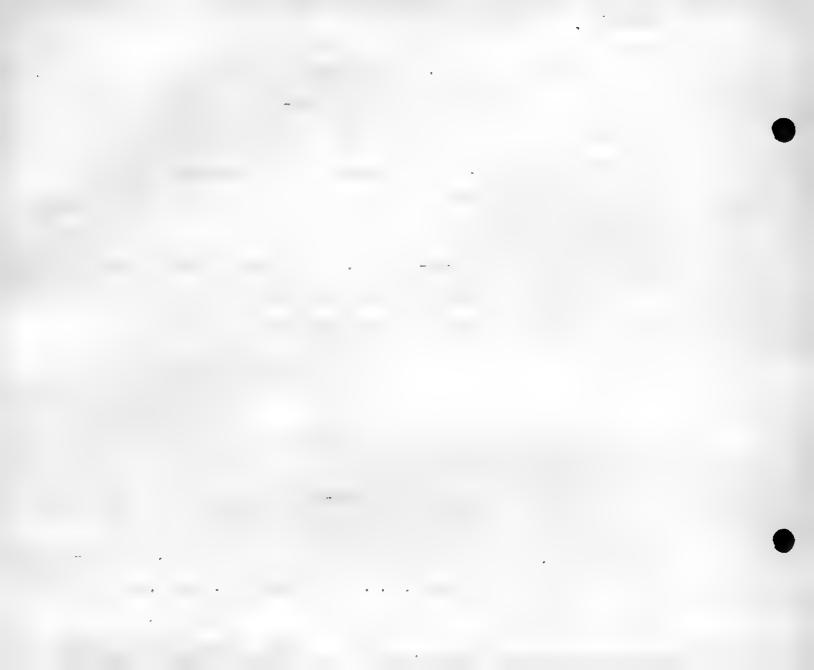


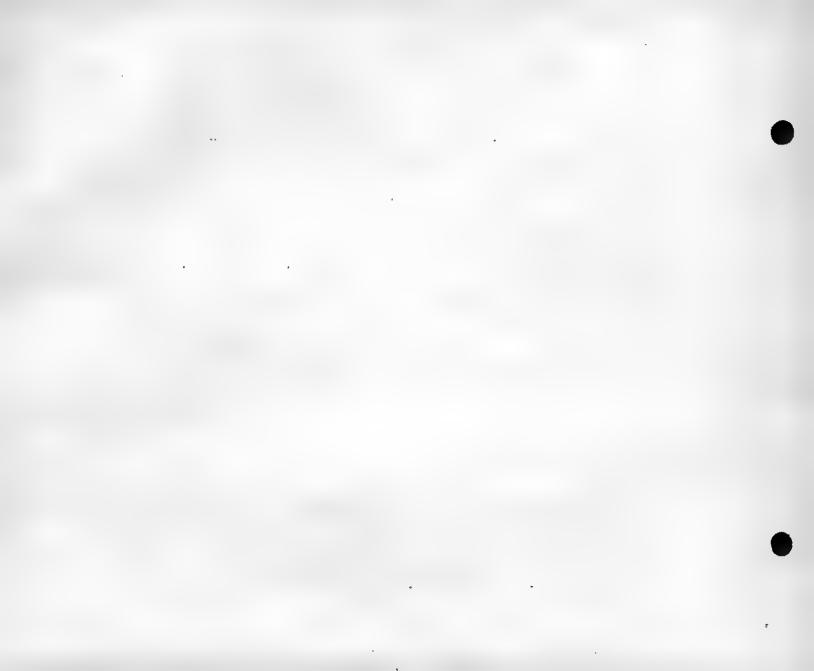
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05086 05078 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH within 24 haurs after death eath. pro (Type or print) Bertha Kasten HUNEL 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS IF JINOER I YEAR 6 AGE (In years Cauc Female lost birthdoy) 1-27-83 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED burial, crematian, ar remaval, and in any event, within 72 hd the attending physician and campletely filled in sit permit. Then please remove carban papers. USA DIVORCED 17. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Shangra-LA Warshay Hardwing most of working life, even if retired) 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY Baltimore Catorsuille 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER Uselands Apts The law requires that the death certificate be executed 136 COUNTY Howe Mayordano 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle William Kaster Julia Houch 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) / (if yes give war ar dates of service) 212-07-782 2107 Southburd Rd Arthur Cr. Leutwen 18. CAUSE OF DEATH (Enter only one couse per line_for (o), (b), and (c),) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) neumoura DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to b has been far use as the 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 TO FUNERAL DIRECTOR: After this certificate ha director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Yeor (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work of work 220. I certify that (1) (this hospital) attended the deceased fram 4NOU, 1964, to April, 1967, that (1) (we) last sow the deceased alive on 14 April, 1967, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR users m () DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 1302 Crofton Roac 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (Stote) (County) Entombment 4-17-69 Baltimore, Maryland Lorraine Mausoleum REC'D BY REGISTRAR APR 1 7 1 FUNERAL DIRECTOR



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MARYLAND STATE DEPARTMENT OF HEALTH 05087 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0507 DECEASED-NAME First Middle Last 20. DATE OF DEATH 25. HOUR P after death. (Type or print) 0 Alice Month L. 1969 Kearfott April 4 RACE 3. SEX S. DATE OF BIRTH 6 AGE (In years IF JNOER 1 YEAR ENINDER 24 HRS lost buthdoy) MONTHS HÖLIRS Female White 4-26-05 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) pletely filled in Carban papers. rent, within 72 h Baltimore USA WIDOWED DIVORCED [Baltimore 10 CITY OR TOWN OF DEATH RAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 126 KIND OF BUS NESS OR St. Joseph Hospital Baltimore during most of working life, even if retired) INDUSTRY event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR TOWN 134 INSIDE CITY LIM TSP I3e STREET AND NUMBER Baltimore NO 🗔 Maryland Kemove YES 🗍 Box 115 Hydes, Maryland and in any 14 FATHER'S NAME First Mrddle Lost IS MOTHER'S MAIDEN NAME First Benjamin Johnson Chamberlein physician of the please Marv Howard OR ATTENDING PHYSICIAN: The law requires that the death certificate 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT Address Yes, no ar unknown) signed by the attending physi burial-transit perm t. Then pl burial, cremation, ar remaval, 213-20-1303 M. Munroe Hollev Box h22 Kingsville Md 18 CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c)) PART I. DEATH WAS CAUSED BY Acute myocardial infarction IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Coronary artery thrombosis rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health prarta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO [210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 218. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 215. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 19 69 , that (14 (we) last 22a. I certify that 🗱 (this haspital) attended the deceased from 3-25 . 19 **69** . to 4-6 _19_**69**, and that in (my) (aur) apinion death accurred on the date and haur and from the 4-6 saw the deceased alive an_ director, page 3 shauld should be filed with the causes stated above, (we) (did) (did nat) view the body after death. 22b SIGNATURE 22c DATE SIGNED 4-7-69 ATTENDING MED DIRECTOR STAFF DEGREE PHYS PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Reynaldo Orjuela-Gomez, M.D. 7620 York Road, Towson, Maryland 21204 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE (County) (State) BREMOVAL (Specify) 4/9/69 Baltimore National Baltimore, Maryland 24 FUNERAL DIRECTOR ADDRESS 2So REC D BY REG STRAR 1969 Leonard J Ruck Inc Baltimore, Maryland

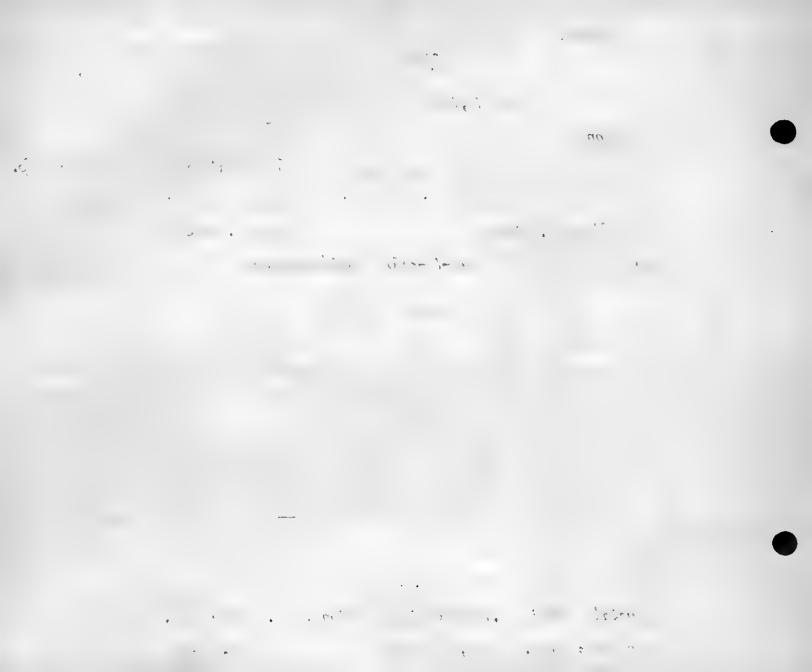




1		MARYLAND STATE DEPARTMENT OF HEALTH		
	Ιŧ	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	050	81
1	DE	CEASED NAME First Middle Last 20, DATE OF DEATH		2b. HOUR
L	{T ₃	pe or print) WILLIAM JAMES KILGORE JR. 4 Month 26 Day	59 Year	10:A
3	SE)	4 RACE S. DATE OF BIRTH 1911 6 AGE (n years	IF UNDER + YEAR	F UNDER 24 HRS
		MALE WHITE February 26, 1919 58 "YRS	UNTHS UATS	POURS MIN
1	อมทา	LANCASTER, PA, U. S. A. WIDOWED DIVORCED BALTIMORE. CO.		Md
Ti	0. (1	TOWSON 11 NAME OF HOSPITAL DR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work dame during most of working life, even if retired) TOWSON 120 USUAL OCCUPAT ON (Kind of work dame during most of working life, even if retired) Supervisor	126 KIND OF	BUSINESS OR ertising
13	da (JSUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN STATE Maryland 13b COUNTY Baltimore Carney YES NO 1 9618 Harford		21234
1	4. F/	ATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME First Middle WILLIAM J. KILGORE SR. IS. MOTHER'S MA DEN NAME First Middle	Trout	Lost
10	6c. Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no., or unknown) [If yes give wor or dotes of service] Address Mrs. Thelma M. Kilgore 9618 Ha	rford	Road
-	T	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROX	MATÉ INTERVAL
ı	1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) METASTATIC BRONCHOGENIC	BETWEEN	ONSET AND DEATH
	ł	DUE TO, OR AS A CONSEQUENCE OF		
		Candit ans, if any, which gave) use to immediate cause (a). (b) CARCINOMA		
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
	- 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)		
1.	- 1	PART 2 OTHER STORIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART I(o)		
10.17	CEKILFICALIUM	90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CON	SIDERED IN (ERTIFYING
1 2		YES NO PER CAUSES OF DEATH?		
		TIO. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, 15c accounts buttingcause of death HOUR A.M. Month Doy Year	m 1B.)	
27.07	ā [(If either, natify medical examiner) P.M. 19		
	٥	21d. INJURY OCCURRED While Not while at work of work o	County	State
	1	22a. I certify that (1) (this haspital) attended the deceased from MARCH 28, 1969, to APRIL 26 1969, and that in (my) (aur) apinian death accurred on the date	9, that	(I) (v¾€) last
		saw the deceased give an 11 (1902), and that in (my) (aur) apinian death accurred an the date causes stated above, (1) (we) (did) (did)(did)(did)(did) view the bady after death.	and hour	and from the
	į	12b SIGNATURE 22c DA	ITE SEGNED	
		DEGREE PHYS DIRECTOR PHYS. MY 4/	26/69	3
	1	PHYSICIAN'S NAME (Type) Dr. Dionyssios G. Canalis M.D. 6701 N. Charlos	C.I.	0.5.00
25	} a	BUR AL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty)	21204 (Stote)
20		REMOVAL (Specify) A/29/69 Glen haven Memorial Pk Glen Burnie, Md		, ,
24		WERAL DIRECTOR ADDRESS 250 RECO BY REGISTRAR 250 REAR 3/5)		2
	1	1 Cully 1-14- 237 Patapsco Ave. 21225 APR 2 9 1969	00	



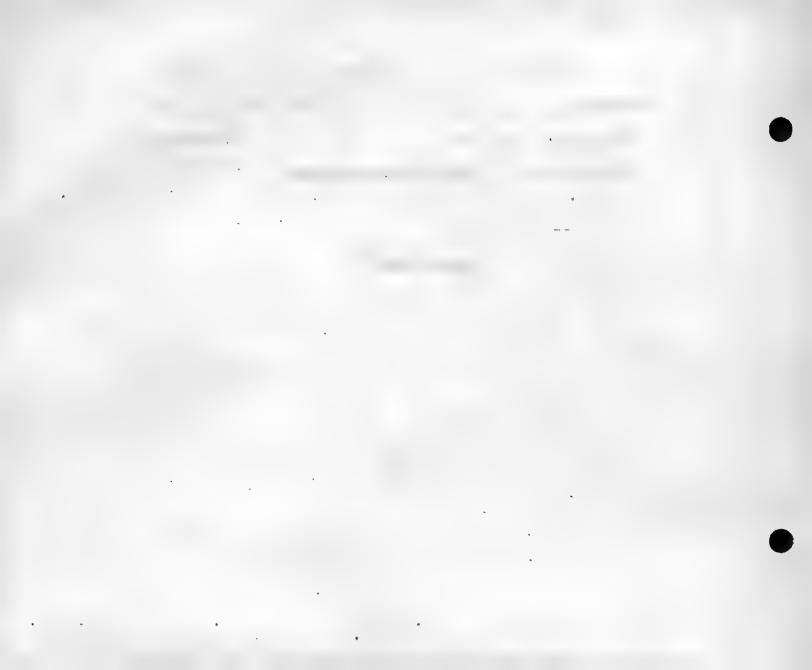
FOR STATE HEALTH DEPT. 1 DECEASED NAME (Type or Family ALVA 3 SEX 4 RACE White Male White Mach 11, 1923 46 VES A BRIFFARE (Shore or foreign) 3 SEX 4 RACE White Mach 11, 1923 46 VES A BRIFFARE (Shore or foreign) 4 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 4 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 4 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 4 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 4 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 4 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 4 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 4 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 4 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 4 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 5 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 5 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 5 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 5 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 5 CONTROL OF STATE MACH 11, 1923 46 VES A BRIFFARE (Shore or foreign) 5 CONTROL OF STATE MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COUNTY OF DEATH MACH 11, 1923 46 VES A COU	< 1	Titems 18&22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH 5-14-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	548%
Comparison Com	FOR STATE	The Salas and Sa	D (1) (2)
Committy Manufacture Man	HEALTH DEPT.	(Type of Proft) ATTA	
Committy Manufacture Man	delay i and 3 t M3. Pag	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years and house a sex birthday) Months 1 Days House AMA	2d HOUR
The property of the property o	form P.	70 BIRTHPLACE (Stote or foreign Country) 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Baltimore	Md
The property of the property o	ive Pog ig with	Baltimore Spring Grove Hospital Touck Driver (even if retired.)	
Stating the underlying cause Doc 10, OK S & Construction of the Terminal D Sease OR (CONDITION GIVEN IN PART 160)	rs after 18. Gree alon 2 with	odmission) STATE Maryland 30 (OUNTY Balto. Balto. YES NO 1703 W. Hollins	Street
Stating the underlying cause Doc 10, OK S & Construction of the Terminal D Sease OR (CONDITION GIVEN IN PART 160)	24 hours in the shall be soften		Last
Stating the underlying cause Doc 10, OK S & Construction of the Terminal D Sease OR (CONDITION GIVEN IN PART 160)	percil percil cominer	(Mac no or unknown)	
Stating the underlying cause Doc 10, OK S & Construction of the Terminal D Sease OR (CONDITION GIVEN IN PART 160)	cuted ving" in dical Eximite Fi	PARTI DEATH WAS CAUSED BY. Fatty metamorphosis of liver	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Stating the underlying cause Doc 10, OK S & Construction of the Terminal D Sease OR (CONDITION GIVEN IN PART 160)	bendii 'pendii ief Mei isf mei isf pe	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D'SEASE OR CONDITION GIVEN IN PART 1(0) Pulmonary tuberculosis and arteriosclerotic cardiovascular disease 190. Date of OPERATION	should 1 s word the Ch uriol-tra in any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH Industry Country PRIMARY OR CONTRIBUTING PAM. P.M. P.M. P.M. 19 PRIMARY OR CONTRIBUTING PAM. P.M. P.M. P.M. 19 21s LOCATION Street or R.F.D. No. (ify or Town Country Country Country State PRIMARY OR CONTRIBUTING PAM. P.M. P.	ore the graph of the sort of the and and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	- m di con co
PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH Industry Country PRIMARY OR CONTRIBUTING PAM. P.M. P.M. P.M. 19 PRIMARY OR CONTRIBUTING PAM. P.M. P.M. P.M. 19 21s LOCATION Street or R.F.D. No. (ify or Town Country Country Country State PRIMARY OR CONTRIBUTING PAM. P.M. P.	s certifii e, writin forward i used o emovol,	Pulmonary tuberculosis and arterioscierotic cardiovasculing. Date of operation 196. Date of operation 198. Condition for which operation Was performed?	20 AUTOPSY?
The state of the s		210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 PRIMARY OR CONTRIBUTING HOUR A.M. PM. 19	
22a. I certify that I tack charge of the remains described above, held an Autapsy X, Inspection , Inquiry , and in my apinion death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. 22b. Date Signed 4/11/69 23c. NAME (Type) Ronald N. Kornblum, M.D. 23d. Date 23d. NAME OF CEMETERY OR CREMATORY April 15, 1969 Baltimore National Cem. 24. FUNERAL DIRECTOR 25d. REGISTRAR S SIGNATURE	= 5 × − € 5	WHILE MOT WHILE factory, affice building, etc.)	unty State
230 B_RIAL (REMATION, REMIDIAL (Specific April 15, 1969 Baltimore National Cem. Baltimore, Maryland 24. FUNERAL DIRECTOR 230 B_RIAL (REMATION, REMIDIAL (Specific April 15, 1969 Baltimore National Cem. Baltimore, Maryland 24. FUNERAL DIRECTOR 25. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State) 25. REC D BY REG STRAR 25d REGISTRAR 5 SIGNATURE	XL EXXECU XXECU Pag for OR: P		and in my apinion
230 B_RIAL (REMATION, REMIDIAL (Specific April 15, 1969 Baltimore National Cem. Baltimore, Maryland 24. FUNERAL DIRECTOR 230 B_RIAL (REMATION, REMIDIAL (Specific April 15, 1969 Baltimore National Cem. Baltimore, Maryland 24. FUNERAL DIRECTOR 25. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State) 25. REC D BY REG STRAR 25d REGISTRAR 5 SIGNATURE	Jury please ary, please peral direction is the peral place.	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER & 22b. DATE SIGNE	
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	0 5 5 5 8	REMORALISMENT April 15, 1969 Baltimore National Cem. Baltimore, Maryland	1



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114	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	05092 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05084
HEALTH DEPT.	1. DECEASED NAME First Middle Last 20. DATE KNOWN MAINT	Doy Year 2b HOUR
3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Type or Print) Melvin L. Kitzmiller Sr. OF ESTI-	18 19 9 17 14
\$ E & 12	3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (in years 1 June 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Year 19 69 33 M
s 1, 2, dry	70 BIRTHPLACE (Stote or foreign 75 CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Baltimore	Md
after death 8. Give Pages 1, along with farm with the State De leath		126 KIND OF BUSINESS OR INDUSTRY
s after death 98. Give Pag Jalong with 2 with the Sto death	130 USUAL RESIDENCE (Where deceosed lived, finishtution, Residence before 13c. CTY OR TOWN admission) Maryland 13b (OUBaltimore Dundalk yes No 02 2405 Meadow Ro	
officer of the office	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Robert L. Kitzmiller Lillian	Last Berry
hin page	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (It resonates and ones of service) (160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (It resonates and ones of service) (160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Willer to the property of th	Meadow Rd.
nauld be executed word "pending" in the Chief Medical E rial-transit permit. F	18. CAUSE OF DEATH (Enter only one cause per the fan (o). (b) and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if truy, which gove rise to immediate cause (a). Stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
certifica writing rrwarded rsed as	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	20 AUTOPSY? YES NO K
EXAMINER: This cute the certificate, age 4 shauld be for your files. Page 3 shauld be to try files.	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.E.D. No. City or Town	em 18) County State
en 4 + B	WHILE NOT WHILE factory, office building etc.)	
DEPUTY DICAL TESSARY, please exe e funeral director. P may be retained fa FUNERAL DIRECTOR	EXAMINER'S NAME (Type) Theodore C. Patterson M.D. Deputy Med Cal EXAMINER 3724 Dundalk, ADDRESS(Street, city, town, or county) Dundalk	signed 4/30/69 alk Ave.
5 = = 2 5 =	Burial 5/3/69 Bel Air Memorial Gardens Bel Air	(County) (Stote) r, Maryland
VR A1SMA IS	24. FUNERAL DIRECTOR ADDRESS John J. Duda, 7922 Wise Ave. Dundalk, Md. 250. REC'D BY REGISTRAR 250. REC'D BY REGISTRA	SIGNATURE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05094 05086 CERTIFICATE OF DEATH DECEASED-NAME First Lost 2n. DATE OF DEATH 2b. HOUR 2 hours after death. he law requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and (Type or print) KLEINER Month 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IE LINDER 1 YEAR last birthday) 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED country) WIDOWED [DIVORCED [IQ GUY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 130. JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c-CITY OR TOWN 13e STREET AND-NUMBER in any event 13d INSIDE CITY LIMITS? 14. FATHERS NAME 3S. MOTHER'S MAIDEN NAME First the attending physician with Last Last BELLA 2 and 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address XXXXMRS. DOROTHY KLEINER, 3103 DONNA RD. prarta burial, crematian, or removal. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION signed by the attendir burial-transit permit. MARTERIO SCLEROTIC CARDIO VASCULAR DISEASE Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [NO TH for use 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 211 EOCATION STREET OF R.F.D. No 21d. INJURY OCCURRED City of Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an____ O FUNERAL DIRECTOR: causes stated abave. (1) (we) (did hat) view the bady after death 22b. SIGNATURE 22c DATE SIGNED DIRECTOR 22d PHYSICIAN'S NAME (Type) BERNARD R. SHOCHET 23d LOCAT ON (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (Stote) 23a BURTAL CREMATION. SWINICHER WOLINER BENEVOLENT ASSOC., BALTIMORE, 4-8-69 & BROS. INC., 6010 REISTERSTOWN RD 25a, REC'D BY REGISTRAR 2Sb. REGISTRAR ocharlas



	I tems 18822 aug Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	05057
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226. SIGNATURE ACTION DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECT
22d PHYSICIAN'S // ADDRESS 6608 Loch Raven Blvd.
23a. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Buriai 4/14/69 Meadow Ridge Mem. Park Cem.
24. FUNERAL DIRECTOR Mischell-Wiedefeld Home-6500 York Rd. 21212 ADDRESS DATAPR 1 8 1968 Clouds Contents DATAPR 1 8 1968
Mitchell-Wiedefeld Home-6500 York Rd. 21212 DATAPR 1 8 1969 Closes



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cer The		18 CAUSE OF DEATH (Ent	er anly ane cause p			150				APPROX MU	ITE INTERVAL ET AND DEATH
eath indir nit. ar re	Н	PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (o) ,	/ // .	MAM	N Fell	25				N. H.ID COM
arte arte an,	Н	1951		OR AS A SONSEOUR	ACE OF		1 /				
the the sit partition	Н	Canditians, if any, which g rise ta immediate cause	(b)	- Mul	Mayo	To (OFBIL				
tha by tran	Ш	stating the underlying ca	DUE TO,	OR AS A CONSEQUE	NCE OF		, -				
quires the physician. signed by burial-trai	\Box	last.) (c)								
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ar of the hard		Pla. ACCIDENT WAS UNDE	RLYING 216 TIN	AE OF INJURY	2	1 -		ure af injury in Par	t 1 or Part 2	Item 183	
CIAN If Tall of The Head of Th	MEDICAL	or contributing cause of the either, natify medical ex	F DEATH HOUR A		Year 19		(
YSI nosp cert ched pt. c	MED	21d. INJURY OCCURRED	21e. PLACE OF INJU			If. LOCATION Stre	et or RFD Na	City or Town		Caunty	Stote
the I this a per the I t		While Not while at wark		COTTICE BIP LIVING,	iic /	de	A	10.			
JING by t ffer be o State	П	22a. I certify that (1) saw the decease	(this hospital)	appended the d	eceased from	Wery	1,1964	, to April	14-19	59 , that (l) (we) l ast
R: A	П	saw the decease causes stated al	ed alive an have (I) (we) 6		w the body of	and that in (m	ny) (our) apinia:	n death gccurre	d an the da	te ánd haur a	nd fram the
P C Still	H	22b. SIGNATURE			1. (22c. (DATE SIGNED /	
OR Tope T	ш	Min	vece C	1001	MA	DEGREE PHYS	NG MED DIRECT	TOR STAFF	0 4	4/15/6	9
AL C Pogge e fille		22d. PHYSICIAN S NAME (Typo) DI	. Laure	maa C /	Post	22e. ADI	DRESS 4805	York Ro		1 / /	<i></i>
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept, af Health priar tall											
FUI FUI	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE			OR CREMATORY		d LOCATION (City o		(County)	(State)
5-5-	24	REMOVAL (Specify)	/17/196	59	Balti		2Sa REC'D BY RE	Baltimor	REGISTRAR'S		<u>d.</u>
VR AIS	H	W.Jenkins	& Sons			k Rd.	APR 17	1969 A	Charle	La Condat	
				Rolto	72 Ma		BAR II	.000		1	



1 1	ĺχ	DAFARR	DIVISION OF V		U SIAIE DEPAKIN 201 W PRESTON ST		IH E, MARYLAND 21201	
	(3)	05098	DIVISION OF V		ERTIFICATE OF		E, MARILAND 21201	05090
and 2 death.		CEASED-NAME First ype or print) C1	arles	Middle G .	Lost Lamle		DATE OF DEATH Month Do	124 Year 69 1/30 M
urs after	3. SI	Male		ite	S. DATE OF 8	eirth 128/90	6 AGE (In years last birthday) YRS	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS AND
/2 h	COU	Maryland	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIED X NEVER MAI WIDOWED DIVO	RRIED 9. COU	NTY OF DEATH Baltimore	ounty Md
0		TY OR TOWN OF DEATH Catonsville	give stre	"Spring G		120 USUAL OCCU	JPATION (Kind of work dane vorking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
30	13o. odmi	USUAL RESIDENCE (Where deceo	sed lived, if institution	Residence before	13c. CITY OR TOWN Baltimore	YES NO	13e. STREET AND NUMBER 2683 St. Be	enedict St.
4	14, 1	ATHER'S NAME First	Middle	Lost	ES MOTHERS M	AIDEN NAME First	Middle	lost
		WAS DECEASED EVER IN U.S. AR. es, no, or unknown) (19 yes give	MED FORCES? wer or dotes of service)	16-103-1996 111-56-0	17 INFORMANT 76-T Recor	ds-Spring	Address Grove State E	Iospital
should be filed with the State Dept. af Health prior to burial, cremation, ar remayal, and in any	CAL CERTIFICAT ON	21o. ACCIDENT WAS UNDERLYIF	DUE TO, OR AS. (b) DUE TO, OR AS. (c) NOITIONS CONTRIBUTION CONDITION FOR WHICH HOUR A M.	A CONSEQUENCE OF A CONSEQUENCE OF IG TO DEATH BUT NO I OPERATION WAS PER UURY Month Doy Yeor	Light A TREATED TO THE TERMINA FORMED 200 AUTO YES	Bilate DPSY? NO	CLYDS ON GIVEN IN PART I(0) BUL 20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	
	MEDICAL	22g certify that (1) (th	PLACE OF INJURY (All of the control	ded the decease	d fram3/25/6 2, and that in (\frac{\frac}	o6, 19, ny) (our) opinion c	leath occurred on the do	, that (1) (we) last the ond hour ond from the
1	23o	BURIAL CREMATION 23h	DATE /28/69	23c. NAME OF (DEGREE PHYS. 22e ADE RREZ K.D EMETERY OR CREMATORY LINE Park Cer	Spring 23d.	Grove State H	ospital (County) (Slote)
	24.	uneral director Vitzke, 4101 E		ADDRESS		250. REC'D BY REGIS	TRAR 25b. REGISTRAR'S	SIGNATURE



1 15/	1 ^{It}	tem7 FilmGl11 4/9/69kbmARYLAND STATE DEPARTMENT OF HEALTH A DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		05099 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05	1892
HEALTH DEPT.		DECEASED-NAME F.rst , Modie Lost Za DATE KNOWN [7] Manth [7]	Day Year 2b HOJR
2 to 8 to 1		(Type of Print) ANTHONY VOSEPH ASpinok (DEATH MATED P An	3 149 2-34
ny deloy is 2, and 3 to PM3-Roge	3,5	SEX 4 RACE S BATE OF BIRTH 6 AGE (a years MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD OF MONTHS DAYS HOURS MIN. MONTH Day 2	Year 19 6 9 20 M
30		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR.ED 9. COUNTY OF DEATH)	W. W.
tote	10.	CITY, OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 12a USUAL OCCUPATION (Kind of work done 12	2b KIND OF BUSINESS OR
fter death Give Pages 1, ang with farm ith the State De	1	the must and give street oddress Allender Pak during most of working life, even if retired)	NDUSTRY
I within 24 hours ofter death n pencil in Item 18. Give Poges 1, Exominer's Office along with farm File pages 1 and 2 with the State Death 72 hours ofter death		SUBJECT (Where deceased lived, if Institution Residence before 13c CITY OR TOWN 3d INSIDE CTYLLIM IS? 13e. STREET AND NUMBER DECIMINATION 13b COUNTY BALTO YES NO 12 910 ALIENCE OF THE PROPERTY OF TOWN	ER Rd
hours Office Office offer d	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
hin 24 ncil in niner's pages l	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
within r pencil Exomine File pag		Yes, no, or unknown) (If yes give wor or dates of service) 218-05-6130 Antoineut K, twin shi - 9/10	oppliede Rel
pending" i pending" i Medical ssir permi		1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Candit ons, if any, which gave (b)	APPROX MATE INTERVA. BETWEEN ONSET AND DEATH
te, writing the word be te, writing the word is farwarded to the Chine used as a burial-trainermoval, and in any e		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSFOUENCE OF lost (c)	
ficate ing the ing the ing at the ing the ing the ing the ing as o b	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate, writ should be farwar files 3 should be used origin, or remova	MEDICAL CERTIFICATION	190. DATE OF OPERATION 196 COND.TION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
	ICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR AM. P.M. 9 210. TIME OF INJURY Manth, Day, Year HOUR AM. P.M. 9	n 1B)
ICAL EXAMINER: , execute the certifor Page 4 should ed for your files CTOR: Page 3 should buriol, cremotian,	MED	21d N.JRY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, while at work	County State
:AL EXAM execute th or Page 4 d for your TOR: Page unol, crem		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my apinian
DEPUTY CALL EXAM ressory, please, execute the funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page salth prior to buriol, crem		death resulted fram. Natural causes [2], Accident [], Suicide [], Homicide [], Undetermined manner [
Try please. y, please, propriet to be reto ne prior to be prior t		ACTUAL SIGNATURE	GNED / C
D DEPUTY THE FUNETOLIS THE FUNETOLIS THE FUNERAL HEALTH PRI		EXAMINER'S DEPUTY MEDICAL EXAMINER &	-3-67
TO DEPUTY necessory, the funero 5 may be TO FUNERA Health pi	230	NAME (Type) ADDRESS(Street, city, town, or county) 37 32 BURIAL, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or Town) (C	county) (State)
	200	REMOVAL (Specify) 4-7-69 HOLY BOSABY CFM. OURSOALK M	ed (sinte)
(t2	24	FUNERAL DIRECTOR ADDRESS 4/0/ 250 REC D BY REG STRAR 256 RECULTAR'S SIG	PATUR
VR A15ME (5) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1/	That M WEBERY SAMS MIC B. CHESTED DATE ATT	



- 1		DIVIG		S, 301 W. PRESTON STRE		MADVIAND 21201		
	05100	511131	OH OF THE RECORD	CERTIFICATE OF D			05092	
de de la companya de	1 DECEASED NAME (Type or pnnt)	Stephen	Middle B •	lost Lating		April 28	1969 a.)U2 50
	3. SEX male	4 RAG	white	5 DATE OF BIRT	n, 1892	6. AGE (In years	IF LINDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS	HRS.
	70 BIRTHPLACE (State or country) Illi		EN OF WHAT COUNTRY?	8 MARRIED 2 NEVER MARRI WIDOWED DIVORCE		r OF DEATH		14.4
Ü	O CITY OR TOWN OF DEA		give street address)	INSTITUTION (If not in hospital OVE STATE HOSP.	12a USUAL OCCUPAT	TION (Kind of work done king life, even if retired.)	126 KIND OF BUSINESS OF INDUSTRY	R
,	Admission) STATE	here deceased lived,	if institution: Residence before OUNTY Balto.	e 13c. CITY OR TOWN 13c		street and number 59 Northshi	p Road	
	14. FATHER S NAME	irst	Middle Last	15. MOTHER S MAID	DEN NAME First	Middle	Last	
	St 160 WAS DECEASED EVER	ephen	Latin		Elizabe		Boeing	
	Yos Go, or unknown)	(If yes give wor or dates of	service) 16b. SOCIAL SECURIT 213-07-5		SPRING GR	OVE STA E HO	S ITAL	
	Conditions, if any, verse to immediate stoting the underly lost. PART 2. OTHER SIGN	hich gave acuse (a), ouse (a), ouse (b) DUE	TO, OR AS A CONSEQUENCE (6) TO, OR AS A CONSEQUENCE (6) ONTRIBUTING TO DEATH BUT	DECESSION TO THE TERMINAL E	is . Let per DISEASE OR CONDITION (CELLEZ C		[H
*	190. DATE OF OPERATI		FOR WHICH OPERATION WAS	YES 🔀	NO 🔲 CA	b. IF YES, WERE FINDINGS CO LUSES OF DEATH?		
	DR CONTRIBUTING [(AUSE OF DEATH HO	TIME OF INJURY UR A.M., Month Day Yes P.M.	19		injury in Part I ar Part 2, It	em 1B.)	
	White Nat while at wark	ED 21e PLACE OF		FACTORY.) 21f. LOCATION Street of		City or Town	County Stat	
	couses,,stot	at (N) (this haspi ceased olive on- ed obove, (I) (VM	tal) ottended the deced APTIL 20 e) (did) (distro) view th	ised from April 8 19_9, and that in (my) e body ofter death.	, 19 <u>69</u> , ta (o 5 r) opinion deo	APTIL 2019 th occurred on the dot	69 , that (I) (w &) e ond hour ond from	lost 1 the
	226 SIGNAJURY	Lux	ent	DEGREE PHYS	DIRECTOR L	STAFF D 14-	ate signed 28-69	
1	22d. PHYSICIAN S NAME (Type)		l H. Jarin, l	i.D.	STRING GR		OSPITAL	
	B REMOVAD (Specify)	23b DATE 5/1/69	Mea.do	of CEMETERY OR CREMATORY w Ridge Cemeter	23d .00 DC	ATION (Cry or Town) Drscy, Me.	(County) (State)	
	24 FUNERAL DIRECTOR Ullrich Fno	eral Home	Dundalk, Md.		SO RECD BY REGISTRA		IGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05101 05093 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost uneral and 2 death. 2a. DATE OF DEATH within 24 hours after death (Type or print) Aprillanth 29. Day 969 Year Thomas George Lawrence 3. SEX 4 PACE S. DATE OF BIRTH 6. AGE (In years IF JINOER 24 HRS last byrthday) ma le white May 189, 1877 7a. BIRTHPLACE (State or fareign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) U.S. Baltimore WIDOWED IX DIVORCED [10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address)
SPRING GROVE STATE HOSP. during most of work no life, even fretired)
Landscape gardner INDUSTRY carban Catonsville physician and comp etely 130 USUA, RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN requires that the death certificate be executed admission) STATE 13b COUNTY Balto. remove Halethorpe 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Matilda Smith Lawrence 166 SOCIAL SECURITY NO 214-14-14-12 17 INORMAN yland Naylor - 145 Willigate Records: SPRING GROVE STATE HO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes_no, or Jnknown) 1B. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF LEATE , 200227 periode 21 burial-transit Canditians, if any which gave t r se to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use YES 🔲 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED [Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Doy Year (If either, natify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY 21f LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (this haspital) attended the deceased from Feb. 1 , 1960, to April 29, 1969, that (i) (we) last saw the deceased alive an April 29 and that in (my) (39) apinian death accurred on the date and hour and from the reb. I causes stated abave, (1) (we) (dd) (did,not) view the bady after death. DEGREE DIRECTOR 22e. ADDRESS SPRING GROVE STATE HOSPING L 22d. PHYSICIAN'S Rafael H. Marin, M.D. NAME (Type) director, p Baltimore, Maryland 21228 23d LOCAT ON (City or Town) 23a. BURIAL, CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) Burial (Specify) 5-2-69 Baltimore, Maryland Woodlawn Cemetery 24. FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR 1969 DATE MAY Armacost Funeral Chapel-4600 Liberty Hts



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05094 Last 26 HOUR 1:45 W DECEASED-NAME Middle 2a. DATE OF DEATH Manthe (Type or pnot) 1969 April ANNA JOSEPHINE LE BRUN 3. SEX 4 RACE S. DATE OF BIRTH 6. AGF (In years IF LINGER YEAR RE UNDER 24 HRS. last, bythday) OAYS HOURS 5-4-1892 White Female the attending physician and campletely filled in by the sit permit. Then please remave-carban papers. Pagin permit. requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED] Maryland Baltimore USA WIDOWED X DIVORCED [7] 10 CITY OR TOWN OF DEATH 32a. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) St. Joseph's Hospital during most of working life, even if retired) INDUSTRY Towson 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY timore 7138 Greenwood Rd. 21236 odmision)-1SIAIFd YES NG DO 14 FATHER S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Frank Kalal Anna Krecek 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Address 21236 212-10-1146B Charles E. Le Brun 7138 Greenwood Ave Yes, na, opppknawn) I (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (d) Infarction of small bowel DUE TO, OR AS A CONSEQUENCE OF (b) Portal vein thrombosis Canditians, if any, which cave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 4-2-69/4-5-69/Gastropexy - Exp. lap. CAUSES OF DEATH? YES TO NO 🗔 for use 21s. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town Caunty State While Not while 22a. I certify that (N) (this haspital) attended the deceased from Farch 29, 19, 69, ta April 5, 19, 69, that N) (we) last saw the deceased alive an April 5, 19, 69, and that in (NN) (our) april and accurred an the date and haur and from the shauld causes stored above, (1) (we) (did) (did) view the body after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 4-6-69 director, page 3 should be filed v DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 7620 York Road, Towson, Md. 21204 NAME (Type) Samuel Lee, M.D. 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23g. BURIAL CREMATION, REMOVAL (SPECIES) Gardens of Faith Baltimore 4-9-1969 2Sa. REC'D BY REGISTRAR ADDRESS Lassahn Funeral Home 7401 Belair Road 21236 30M REV. 1/68



n 1			ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BAI		
'	05103	DIVISION OF THAL RECORDS	CERTIFICATE OF DEATH		05095
1 [DECEASED-NAME First (Type or poot) Anti	Middle onette	Lehman n	20. DATE OF DEATH April 28.	1969 Year 25 HOUR 25 30 M
3. 5	female	4 RACE white	5 DATE OF BIRTH Jan. 3,	1889 6 AGE (in yeors last birthday) YRS.	IF UNDER 1 YEAR
COL	BIRTHPLACE (State or foreign niry) Germany	76 CITIZEN OF WHAT COUNTRY? U. S.	8 MARRIED NEVER MARRIED WIDOWED NOVORCED	9 COUNTY OF DEATH Bæltimore	Md.
/11 C	CITY OR TOWN OF DEATH atonsville	SPRIMA GROVE	STATE HOSP. duns	SUAL OCCUPATION (Kind of work done most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
/, adn	n ss.an) STATE Md.	ed I ved, if institution, Res dence before	Mt. Rainiers 🕱	No□ 4200 - 31s	t Stre et
		M ddle Losi	is. Mother's maiden name Gertrude	first Middle UNKNOWA	Last
	yes, na, or inknown) (If yes give w	AED FORCES? Tall or dates of service)	No 17. INFORMANT Records: STRI	TO GROVE STATE HO	
	PART I DEATH WAS CAUSE IMMEDIA 4 10 9 Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF COLUMN	l Infarction, a leretic eardiev	ascular Ht. Di: lized. semile.	APPROXIMATE INTENAL BETWEEN ONSEL AND DEATH 10 mins. 5 yrs. +
prior to burial, C RICATION	Chronic Bra	In Syndreme an	d senility. ERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Manth Day Yea		CAUSES OF DEATH? Iter nature of injury in Part 1 or Part 2.	Item 18.)
MED	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC		No City of Tawn	County State
	220. I certify that (%) (the	is hospitol) attended the deseas live on , (i) (xxx(dist) (did ray) view the	ed from April 9 , 19. 1902 , and that in (my) (XXX) a bady after death.	64 , to April 28 , 19 pinion death occurred on the d	ate and hour ond fram the
,	22d. PHYSIONUS	Min Il Mun		MED. DIRECTOR STAFF PHYS STAFF RING GROVE STATE F	
230	BURIAL, CREMAT ON, 23b SEMOVAL (Specify)	nony Africang A.I.	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
24	FUNERAL DIRECTOR	ADDRES!	O med 250 RECD	BY REGISTRAR 25th REGISTRAR S	SIGNATURE







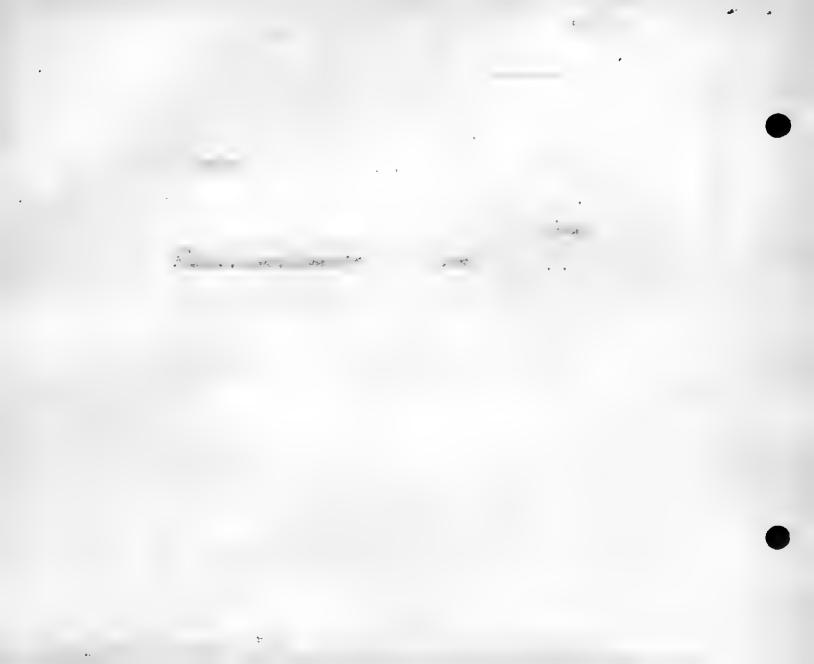
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FOD CTATE	MARTIAND STATE DEPARTMENT OF HEALTH /30/69 kk OF 100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05098
FOR STATE	115 THE MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED-NAME (Type or Print) OF EST. Middle Lost 20 DATE KNOWN Month Doy Year 2b, HOLF OF EST.
lay is 13 ta 19age Prage	DEATH MATED 4-21- 19691-30
	SEX A RACE S DATE OF BIRTH 6 AGE (in years I VEAR) I WOURS I WALL I VEAR 2 LANGE 24 HRS 2C DATE PRONOUNCED DEAD 2d HOUR
2, and PM3	Male white MARCH 15, 1909 60 YRS MONTHS DAYS HOURS MIN Month Day Year
	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
2 E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WIDOWED DIVORCED Baltenine
State State	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12), KIND OF RUSINESS OR
offer death S. Give Pages olang with far with the State	BALTIMORE g ve street oddress) IN AUTOMOBILE IN during most of working life, even if retired) INDUSTRY CHAUFFEUR
after 8. Giv olang with t	O HISTIAL DEC DENICE (Miles of the second of
s afte. 18. Gi alan, with death	admission) STATE MARYLAND 136 (OUNTBaltimore Randallstorn YES NO 8416 DOWNEY DALE DRIVE
haves ofter death Item 18. Give Pages 1, Office along with farm land 2 with the State be after death	FATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle Lost
	JACOB LEVENBERG SARAH ?
hin 24 rict in rimer's pages haurs	O WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (1 yes give wor or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 7914
P P P P P P P P P P P P P P P P P P P	(Yes, no or unknown) (1 yes give wor or days of service) 216-03-4403 MRS. ANNETTE LENENBERG. C/O XXXX SUBET ROAD
be executed within parchine in parchine Medical Examining insite permit. File page event within 72 ha	
ding in dedicate the permit. F	PART I. DEATH WAS CAUSED BY.
din din w	1 IMMEDIATE CAUSE (0) Dullet Wound (Dt Comple) of Med
d be exec d 'pendin Chief Méd Iransit per	Conditions, if ony, which gove }
d b d b d b d b	nse to (mmediate couse (a), (b)
should be en word "per a the Chief burial-transit in any ever	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF
s certificate shaul e, writing the wo forwarded to the used as a burial- emovol, and in an	(c) Next selection at least, (fast / next)
certificate sh writing the irwarded ta used as a bu naval, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
its certifulate, writing farward a used a remaval,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY2
certi arwai used mavo	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month Dgy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
INER: The certific should be files. 3 should bottles.	PRIMARY OR CONTRIBUTING HOUR AM. 4-21-69
NER: certif hauld lies. shaulc	CAUSE OF DEATH 23-7 POTO-FIM 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21f IOCATION Street or R.F.D. No. (1 vor Joyn) founds (2 vor Joyn)
₹ 1 4 = 9 E	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R FD No (type Town County State while hot while not while the form) octory, office building, etc.)
	AT WORK I AT WORK I 1914 Dubet Rd Ballengie Country
AL Secretarion	220 certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my apinion
se e crtan	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undefermined monner
please e l' directarretained	ACTUAL (Kalipa & R Taylor Day CHIEF MEDICAL EXAMINER)
Y, P Y, P ral ral AL prio	SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
DEPUTY Ressary, e funer may be FUNERA	EXAMINER'S DEPUTY MEDICAL EXAMINER \(\square\) \(\frac{4}{2} \) \(-6\frac{9}{9} \)
TO DEPUTY 51C. necessory, please e the funeral director 5 may be retained TO FUNERAL DIRECT Health priar ta bu	NAME (Type) ADDRESS(Street, city, town, or county) Too Cuttedul St.
0 10元 高点で 10元	O. BURIAL (REMATION REMOVAL (Specify) 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
fs.	BURIAI 14-22-69 BETH FI MEMORIAI PARK TRANDALLSTOWN, MARYLAND
VR ATSME (SILV	OL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 250. RECD BY REGISTRAR 250 APR 2 3 1969
10M REV, 1/68	DATE LEVINSON & DAOS., OUT RELIGIOUS ROOM ROOM



_	`ilm#G412 5/9/		4-34 43 13	ERTIFICATE OF	DEATH		0509	9
	DECEASED-NAME Firs (Type or pnnt) Clin		M ddle	Lew is	20	DATE OF DEATH Month April 26.	Day Year	26 HOUR 12:35
3. 5	male	4 RACE Whit	te	S. DATE OF BI	RTH 31, 1901	6 AGE (n years last birthday)	IF UNDER 1 YEAR MOINTHS DAYS YRS.	IF JNDER 24 HRS. HOURS MIN
	BIRTHPLACE (State or foreign intry) New York	76 CITIZEN OF WHAT	COUNTRY?	8. MARRIED NEVER MAR WIDOWED DIVOR	KILDES	ounty of DEATH		M
10	Catonsville	11 NAME give stree SPR	OF HOSPITAL OR INST et address) TIG GROVE	TITUTION (If not in haspital STA "E HOSP.	12a, USUAL OC during most of Sa Le	CJPATION (Kind of work do f work ng life, even if retire SM211	one 12b, KIND OF	F BUSINESS OR
13a adn	USUAL RESIDENCE (Where deceanission) STATE Md •	ised lived, if institution.	Residence before	13c. CITY OR TOWN Wwynn Oak	YES NO	13e. STREET AND NUMBER	2	ite
14.	FATHER'S NAME First	Middle	Last		IDEN NAME First	M odl		Last
L		layton Lewi			a Hallst			
160	z. WAS DECEASED EVER IN U.S. AR Yes, na, ar unknown) (If yes give	war or dates of service)	b. SOCIAL SECURITY N			Addres		
L	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS		202-01-29		: SPRING	GROVE STATE	HOSPITAL	XIMATE INTERVAL
		DUE TO OD AC A	CONFEQUENCE OF					
	stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	OUE TO, OR AS A (c) API	G TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CONDI	zed, senile	10	yrs.
RTIFICATION	PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A (c) API INDITIONS CONTRIBUTING Ch PONIC CONDITION FOR WHICH	to DEATH BUT NO , 10 yr	TRELATED TO THE TERMINAL • klstery REFORMED 200. AUTO YES YES	DISEASE OR CONDI	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	NGS CONSIDERED IN	
EDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CO ALCOHOLISM 190. DATE OF OPERATION 19b 21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DE. (If either, notify medical exam	DUE TO, OR AS A (c) AN INDITION'S CONTRIBLTING CA PONIC CONDITION FOR WHICH NG 216 TIME OF IM. HOUR A.M. PM	Beriesc] 5 TO DEATH BUT NO , 10 Jr. OPERATION WAS PER JURY Anoth Day Year 19	T RELATED TO THE TERMINAL ALSTORY FORMED 200. AUTO YES 21c. HOW INJURY OCC	DISEASE OR CONDI	TION GIVEN IN PART 1(a) 20b. If YES, WERE FINDIN CAUSES OF DEATH? ore of injury in Port 1 or Por	IGS CONSIDERED IN	CERTIFYING
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CO Alcoholism 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DE. (If either, nothly medical exam 21d INJURY OCCURRED While Nat while at wark at wark	DUE TO, OR AS A (c) AN INDITIONS CONTRIBLTING Ch POLIC Ch POLIC CONDITION FOR WHICH NG 21b TIME OF IM. HOUR A.M. PM PLACE OF INJURY (AT OFF	TO DEATH BUT NO TO DEATH BUT NO TO JET OPERATION WAS PER JURY Annth Day Year 19 HOME, FARM, STREET, FACT ICE BUILDING, ETC.	TRELATED TO THE TERMINAL ALSTORY 200. AUTO YES 21c. HOW INJURY OCC 1007, 21f. LOCATION Stree	DISEASE OR CONDI	TION GIVEN IN PART 1(a) 20b. If YES, WERE FINDIN CAUSES OF DEATH? ure of injury in Port 1 or Par City or Town	IGS CONSIDERED IN rt 2, Item 18)	CERTIFYING State
	PART 2. OTHER SIGNIFICANT CO Alcoholism 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY: OR CONTRIBUTING CAUSE OF DE. (If either, nothly medical exam 21d INJURY OCCLRRED While Mat while at wark 22a. I certify that (Pf (t) saw the deceased causes stated above	DUE TO, OR AS A (c) ARI INDITION'S CONTRIBLTING CA PONIC CONDITION FOR WHICH NG 21b TIME OF IM. HOUR A.M. PM PLACE OF INJURY (AT OFF) This haspital attendative on April	G TO DEATH BUT NO TO DEATH BUT NO TO JT OPERATION WAS PER JURY Manth Day Year 19 HOME, FARM, STREET, FACT IEEE BUILDING, ETC. Led the decease.	TRELATED TO THE TERMINAL Alstery FORMED 20a. AUTO YES 21c. HOW INJURY OCC 108Y, 21f LOCATION Stree d fram March 2 59 and that in (m)	DISEASE OR CONDI	20b. If YES, WERE FINDIN CAUSES OF DEATH? Ore of injury in Port 1 or Port City or Town The April 26, a death accurred an the	rt 2, Item 18) Caunty , 19_69, thate date and hour	CERTIFYING State
	PART 2. OTHER SIGNIFICANT CO Alcoholism 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DE. (If either, natify medical exam 21d INJURY OCCURRED While Nat while at wark 22a. I certify that (Pf (t) saw the deceased causes stated above 22b SIGNATURE	DUE TO, OR AS A (c) ARI INDITION'S CONTRIBLTING CA PONIC CONDITION FOR WHICH NG 21b TIME OF IM. HOUR A.M. PM PLACE OF INJURY (AT OFF) This haspital attendative on April	G TO DEATH BUT NO TO DEATH BUT NO TO JT OPERATION WAS PER JURY Manth Day Year 19 HOME, FARM, STREET, FACT IEEE BUILDING, ETC. Led the decease.	PRECEDED TO THE TERMINAL ALSTORY 200. AUTO YES 21c. HOW INJURY OCC 10RY.) 21f LOCATION Stree 10RY.) 21f LOCATION Stree 10RY.) 21f LOCATION STREE 10RY. ATTENDIN PHYS	DISEASE OR CONDI PSY? NO PSY. NO PSY	20b. If YES, WERE FINDIN CAUSES OF DEATH? ore of injury in Port 1 or Port City or Town to April 26, death accurred an the Phys	Caunty 19 69, that e date and haut 22c DATE SIGNED 1 - 29 - 69	State of (We) lor and from the
	PART 2. OTHER SIGNIFICANT CO Alcoholism 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY: OR CONTRIBUTING CAUSE OF DE. (If either, nothly medical exam 21d INJURY OCCLRRED While Mat while at wark 22a. I certify that (Pf (t) saw the deceased causes stated above	DUE TO, OR AS A (c) ARI INDITIONS CONTRIBLTING Ch PONIC CONDITION FOR WHICH NG 216 TIME OF IM. HOUR A.M. AN PHACE OF INJURY (AT OFF OFF OFF OFF OFF OFF OFF OF	TO DEATH BUT NO TO JEATH BUT NO TO JEATH BUT NO TO JEATH BUT NO DERATION WAS PER JURY Manth Day Year JHOME, FARM, STREET, FACT ICE BUILDING, ETC. Led the decease.	PRECEDED TO THE TERMINAL ALSTORY 200. AUTO YES 21c. HOW INJURY OCC 10RY.) 21f LOCATION Stree 10RY.) 21f LOCATION Stree 10RY.) 21f LOCATION STREE 10RY. ATTENDIN PHYS	DISEASE OR CONDI	20b. If YES, WERE FINDIN CAUSES OF DEATH? Ore of injury in Port 1 or Port (if) or Town Or a April 26, a death accurred an the	Caunty 19_69, that e date and haut 22c DATE SIGNED 11-29-69	State State It (M) (we) la r and from th
MEDICAL	PART 2. OTHER SIGNIFICANT CO Alcoholism 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, nothly medical exam 21d INJURY OCCURRED While Nat while at wark 22a. I certify that (F (t) saw the deceased causes stated about 22b. SIGNATURE 22d. PHYS CIANS NAME (Type) B JRIAL CREMAT ON, DEMONATE SERVICE.	DUE TO, OR AS A (c) ARI INDITIONS CONTRIBLTING Ch PONIC CONDITION FOR WHICH NG 216 TIME OF IM. HOUR A.M. AN PHACE OF INJURY (AT OFF OFF OFF OFF OFF OFF OFF OF	DEET 1 SC 1 TO DEATH BUT NO TO JT OPERATION WAS PER JURY Annth Day Year 19 HOME, FARM, STREET, FACT ICE BUILDING, CTC. Led the decease. Led	TRELATED TO THE TERMINAL ALSTORY 200. AUTO YES 21c. HOW INJURY OCC 10RY.) 21f LOCATION Stree 10RY., and that in (m) 10RY of death.	DISEASE OR CONDITION PSY? NO CONTROL TO TREED (Enter nature) TO TREED No. TO TREED MED DIRECT RESS SETTING Bltims 230	20b. If YES, WERE FINDIN CAUSES OF DEATH? Ore of Injury in Port 1 or Port City or Town Or April 26, a death accurred an the	caunty 19_69 , tho e date and haus 122 DATE SIGNED 11-29-69 11-21-21 11-21-28	State State (We) le r and from t



1 1 m = 11 1			ID STATE DEPAR			
1 //	05108	DIVISION OF VITAL RECORDS,			MORE, MARYLAND 21201	0.5 0.0
			CERTIFICATE O	IF DEATH	A DATE OF BELLE	05:08
Dagaru	(Type or point) Lichte		lost	t	20. DATE OF DEATH Month Do	Y 4 Yeor 698.30an
	L SEX	4. RACE	rt) BURTON		6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Male	White		29-27	last birthday)	MONTHS DAYS HOURS MIN.
	o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER		COUNTY OF DEATH	
	Norfolk, V		WIDOWED D	IVORCED	Balto.Co.	Md.
))	o city or town of death Randallstown	11 NAME OF HOSPITAL OR IN give street oddress) B.C	STITUTION (If not in hospit G H .	ol 120 USUAL during ma	DECUPATION (Kind of work done stof working life even if retired) SALESMAN	12b. KIND OF BUSINESS OR INDUSTRY WHOLESALE
- 1	30 USUAL RESIDENCE (Where dece	ased lived, it institution. Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIM		WHOLLSALE
1	dmission) STATE Md	13b COUNTY Balto	Balto	YES NO	6822-C To	wnbrook Dr.
	4. FATHER'S NAME FIRST A.	Middle Last	IS MOTHER S	MAIDEN NAME FIR		Lost
ŀ	Samuel	Lichtenberg			earl nmi Mi	
	Yes, no, or Johnsons) (1 yes given by Color of Johnsons)	RMED FORCES? B wor or dotes of service) 17 NAVV	74 MR HER	RBERT LIC	HTENBERG , 3427 W	NASHINGTON AVE.
1	18 CAUSE OF DEATH (Enter	any one cause per line for (a), (b), and (c)	1_ / /	1		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
П		DIATE CAUSE (0) Metaetal	ic Eymple	U Saice	ma.	6443,
J	Canditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	// //			
	rise ta immediate cause (o)	(b)				
	stating the underlying coust	DUE TO, OR AS A CONSEQUENCE OF				
- 1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CO	INDITION GIVEN IN PART I(a)	
-	z					
1	19a DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PE		UTOPSY?	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
1	210 ACCIDENT WAS UNDERLY	ING 215 TIME OF INJURY			nature of injury in Port 1 or Part 2,	Item 18.1
1	G CAUSE OF OIL CAU	EATH HOUR A.M. Month Day Year niner) P.M.		,		,
ı		B. PLACE OF INJURY (AT HOME FARM, STREET, FA		Street or R.F.D. No.	City or Town	County State
ı	at work at work	•	,	1,		
1	22a I certify that (!) (t	his hospital) oftended the deceas	ed from 5//u/	(my) (our) onin	, to 	2.6.7 , that (I) (we) last
ı	couses stated abo	ve, (!) (we) (did) (did not) view the	body ofter death.	(my) (out) opin	ian deam occurred an me a	are ona noor and nom me
.	22b_SIGNATURE	1/2002 00	MAIN ATTEI	NDING ME	D STAFF 22c	DATE SIGNED
1	Millen	1 Chelling	DEGREE PHYS	DIF	D STAFF RECTOR PHYS.	1/4/67
	NAME (Type) MILL	on Schlendo F	1	ADDRESS 410 WIND	SOR MILL ROAD	/ /
		DATE 23c. NAME OF BETH J	CEMETERY OR CREMATOR		23d. LOCATION (C by or Town) FINKSBURG, MARY	(County) (State)
	SUL LEVINSON &	BROS., 6010 REISTER	STOWN ROAD	25a. REC'D BY		SIGNATURE



1		05400		ID STATE DEPARTMENT OF , 301 W. PRESTON STREET, BALT		
		05109		CERTIFICATE OF DEATH		05101
		CEASED NAME First lype or pnnt) Willi	am C.	Lilly	2a. DATE OF DEATH April Month 129	2b HOJR 1969 335 M
2110	3. SI	M	4 RACE	S. DATE OF BIRTH 1-14-1881	6 AGE (in years last bythday) YRS.	FUNDER 1 YEAR 1F UNDER 24 HRS MONTHS DAYS HOURS MIN
7	COPH	Miladelphia,	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	Md
70		Towson		Manor N. H. 共管代	A. OCCUPATION (Kind of wark dane to the street of the stre	
cremation, or remaval, ond in any event, within 72 hours aft	adm	ssion) Waryland	id tived it institution. Residence before	Balto. 21212 YES N	LMIS? 13e STREET AND NUMBER 0□ 810 Winston	Avenue
1	14	ATHERS NAME FIRST William	Middle cast C. Lilly	15. MOTHER S MAIDEN NAME	First Middle netta	Irving
5	16a. Y	WAS DECEASED EVER IN U.S. ARME es, no princhnown) [If yes give wor	ED FORCES? 166 SOCIAL SECURITY 169 SOCIAL SECURITY 160 SOCIA		s T. Coard 810 V	Vinston Ave
21		PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	exterior for	ailure mio	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
yl.	DICAL CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO 21c HOW INJURY OCCURRED (Ente	20b. IF YES, WERE FINDINGS CO	
,	MEDI	21d IN.JRY OCCURRED While Not while of work 22a I certify that (I) (thus saw the deceased all causes stated above, 22b. SIGNATURE 22d. PHYSICIAN'S	PLACE OF INJURY (AT HOME, FARM, STREET FA OFFICE BUILDING, ETC.	ed from	57, ta CDX 12.195 Inion death of urred on the dat	State Sq., that (I) (we) last the and hour and from the state SIGNED 14/169
ŧ	Вu	BUR AL, CREMATION, 236 DA	17-69 Memor	CEMETERY OR CREMATORY ial Park Cemeter	23d .OCATION (City or Town) St. Petersbu	((Ounty) (Stote)
4) F	24 1 •	FUNERAL DIRECTOR K 1255 &	Sons Co. ADDRESS York Road Balto	21212 25a. RECO	RY REGISTRAR 256 REGISTRAR 5	SIGNATURE CONTRACTOR



14 01	MAKTIANU STAIT ULYAKIMENI UL HEALIH	*
8	05110 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05/02
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	00.00
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20, DATE KNOWN Month Do (Type or Print) OF EST	by Yeor 2b HOUR
is of of of	(Type or Print) NORMA EDITH LUCY OF EST. DEATH MATED X	19 M
Poge Ant of	3 SEY A PACE IS DATE OF RIDTH A AGE (In wasts I F UNDER 1 YEAR I IF UNDER 24 HRS 2/ DATE OF RIDTH DEAD	Yeor CO 2d_HOUR 5:30
delay and 3 mm ont	female white 1/-26-23 45 YRS MONTHS DAYS MOURS MAN Month Day 14,	Yeor 1969 D. M
なった「大学	70. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	, , , , , , , , , , , , , , , , , , ,
	country) Manyland 4.5.4. WIDOWED DIVORCED Baltimore	Md.
ges fo	Barormore	b KIND OF BUSINESS OR
Give Pages ong with for ith the State	give street address) during most of working life, even if retired) (IND	DUSTRY
er e sive	130 USJAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13d WESPE CITY UNITS) 13e STREET AND NUMBER	
s after 18. Gri along 2 with death	There's 1844d 13b (Baltimore YES No X 2902 Michigan	Asrenije
Jrs Ce Ce d	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	
hours after deother Is. Give Pages Office along with for I and 2 with the State offer death		Lost
24 In		lengeur
hin 24 hed in miner's pages hours	16b. SOCIAL/SECURITY NO 17 INFORMANT ADDRESS . (Yes, no, or unknown) (If yes give wor or dates of service)	0
This certificate should be executed within 24 hours after death income. Writing the word "pending, in penalty in Item 18. Give Pages be forwarded to the Chief Medical Examinar's Office along with for the used as a buriol-transit permit File Adges land 2 with the State for removal, and in any event within 72 hours after death	(Yes, no, Or Unknown) (If yes give war or dates at service) 217-46-3275 Howard W. Lucy-2902 Michiga	824 HUE.
0 := \	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART L DEATH WAS CAUSED BY Council but Triound of No. 2/2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending", init Medica onsit permit event within	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gunshot Wound of Neck	
exe ndii Me nt v	DUE TO, OR AS A CONSEQUENCE OF	
be "pe iief iief iief eve	Conditions, if only, which gove (b)	
	rise to immediate couse (a). Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
wc wc the	lost. (c)	
retificate should writing the word rworded to the Charles of a buriol-transvol, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ing ded		
vriti vor vor	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
KAMINER: This certificate should be executed write the certificate, writing the word "pending, in-page 4 should be forworded to the Chief Medical Exgangour files. age 3 should be used as a buriol-transit permit Files.	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	YES NOX
LER: This certificate, and be founded be founded be to should be to should be to fion, or rem	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Boy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	
oulo oulo	FRIMARY OR CONTRIBUTING HOUR ANX 4/14 10 69 Subj. shot self in KKKK neck	•
NEI Short Sh	CAUSE OF DEATH	County State
the de	MANUE MOT MUNIC foctory, office building, etc.)	•
bical Examiner: se execute the certi- setor. Page 4 should ned for your files. IECTOR: Page 3 shou a burial, cremation.		
ry, please execution director. Page per retained for the prior to burial, prior to burial,	22a. I certify that I toak charge of the remains described above, held an Autapsy,Inspection [X],Inquiry,	and in my apinion
ITY please e erol director be retained RAL DIRECTOR prior to bu	death resulted from: Natural causes Accident [], Suicide K., Hamicide [], Undetermined manner [)
please I director retainer L DIREC	CHIEF MEDICAL EXAMINER	
A lo	ACTUAL SIGNATURE WASSISTANT MEDICAL EXAMINER X 22b. DATE SIG	
EPUTY DICA DICA DICA DICA DICA DICA DICA DIRECTOR. Oy be retained JINERAL DIRECTOR. Ith prior to but	EXAMINER'S Werner U. Spith M.D. DEPUTY MEDICAL EXAMINER 4/15	5/69
TO DEPUTY DICAL EXAMINER: This certificate shauld be execute necessory, please execute the certificate, writing the word "pending; the funeral director. Page 4 shauld be forwarded to the Chief Medical 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as buriol-transit permit Health prior to burial, cremation, or removal, and in any event within	NAME (Type) ADDRESS(Street, city town, or county)	
TO DEPUT necessory the funer 5 moy be TO FUNER Health P	230 BURIAL, CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Co	ounty) (Stote)
	BURGA (Specyt) 4/18/69 Holy Redeemen Balto, Me	₹:
	24 ELIMERAL DIRECTOR . ADDRESS . 250 REC'D BY REGISTRAR 25b REGISTRARS SIG	NATURE
VR A15ME (5)	George L. Schwall - 2181 Frederick DATE APR 1 R 1888 John	To Jung
tourset ived if the	The state of the s	

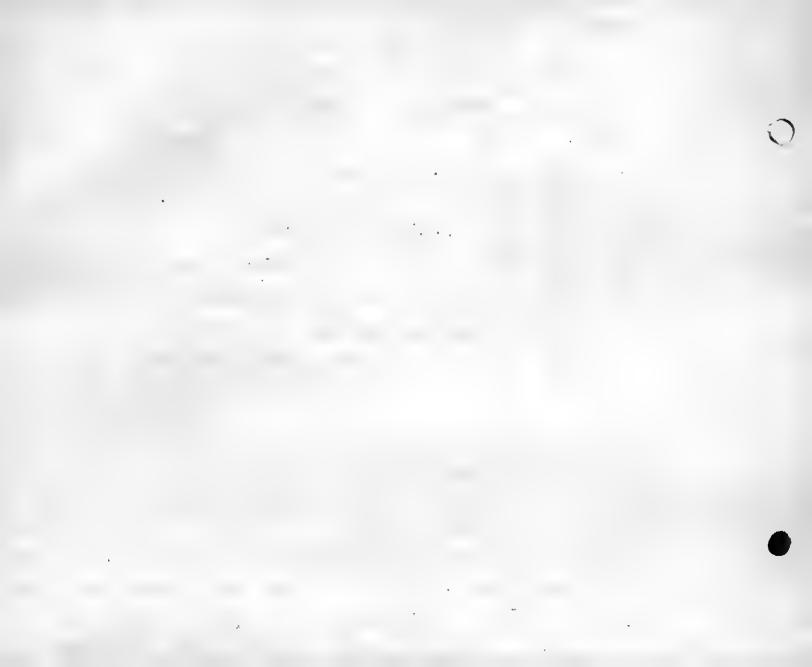


1 1//	1	05111			301 W. PRESTON STR			O == .	
(Ce	I	emlO FilmGull	4/23/69 kk		ERTIFICATE OF I		C, MAKILAND 21201	051	03
£ _2£		ECEASED NAME First		Middle	Lost	20.	DATE OF DEATH	10mg	2b HOUR
r death uneral 1 and 2	'	(ype or print) DOLORES	R.		LYNCH		Month	Doy Peor	M
ier fer	3 5		4 RACE		S DATE OF BIR	TH	6 AGE (In years		IF LINDER 24 HRS.
24 hours after death by the funeral ages 1 and 2		Female	White		April	12, 1915	last birthday)	MONTHS OAYS	HOURS M.N
B (B)		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COU	VTRY?	B MARRIED NEVER MARR	9. CO	UNTY OF DEATH		
2 % 2		Maryland	U.S.A.		WIDOWED DIVORC		altimore Cou	nty	Md.
	10	ITY OR TOWN OF DEATH	11 NAME OF H	OSPITAL OR INS	TITOTION (If not in hospital	120 USUAL OCC	UPATION (Kind of work dor	ne 125 K ND OF B	USINESS OR
bon bon	L	Baltimore	1523	Clearw	ood Road	House	working life, even if retired	None	
ecuted wit	13o odm	USUAL RESIDENCE (Where deceo-	sed lived, if institution Res- 13b. COUNTY	dence before	13c CITY OR TOWN	3d INSIDE CITY LIM TS7	130 STREET AND NUMBER		
com com cove y ev	L	Maryland	Baltimore			YES NO	1523 Clearw	ood Road	
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ote be execut from and com leose remove and in ony ev	_	James		Shiple		na	Rose	Herrlic	h
To Se		WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give v	var or dates of service)	CIAL SECURITY N	O. 17. INFORMANT		Address		
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		saw the deceased a	(I) (we) (did) (did no	t) view the h	69, and that in any	(ant) obinion	deoth accorred on the	date and hour a	fram the
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5 E 5 7			19-69	HAMPST	EAD CEMETERY	На		rrallago	Md
VR A15 14	24	FUNERAL DIRECTOR		ADDRESS	3	250 REC BY REC	STR 969 25b / CC	THE PARTY PRINCE	
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A L L INCLINATION CONTRACTOR AND AND



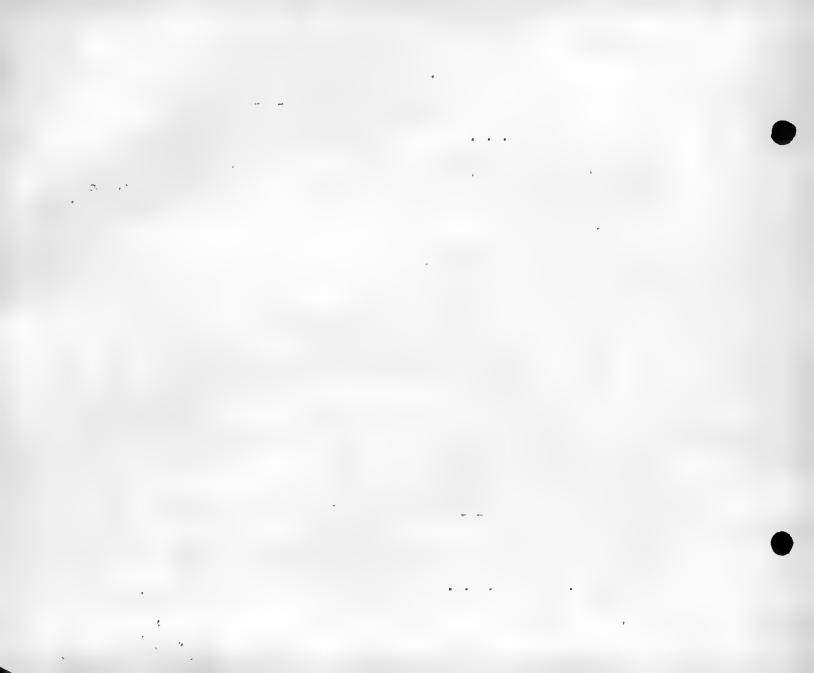
1 - 1	MARYLAND STATE DEP	
2 7	05112 DIVISION OF VITAL RECORDS, 301 W. PREST	
AA	CERTIFICATI	UF DEATH
£ 65£	(Type or print)	ost 20. DATE OF DEATH 2b. HOUR
e de de	Frank f. Made	lox April 10, 1969 1:05 ^M
重量	SEX 4 RACE S. DA	ATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HKS
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filled paper thin 72	CITY OR YOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in h	
cecuted within 24 I campletely filled in nave carban paper ty event, within 72	Towson St. Joseph Hospi	Ital (4/1/A-17) MAN
nple ca vent	o USUAL RES DENCE (Where deceosed lived if institution Residence before mission) STATE The COUNTY Beltimor	
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e e)	FATHER'S MAME First Middle Lost IS MOJ	HER'S MAIDEN NAME First Middle Lost AURA
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he death ceriff e aftending by permit. Then tian, ar remova		APPROXIMATE INTERVAL
ding ren	18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND GEATH
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equires than physician. signed by signed by burial-trans	a a ring ring array ring course	osclerotic Cardiovascular Disease
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the age of the last of the las		YES NO CAUSES OF DEATH?
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G PHYSICIAI the haspital r this certifice detached fau te Dept. af He	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION While Not while	N Street or R.F.D. No. City or Town County State
the this detection of D	at work of work	
OR ATTENDING De retained by th URECTOR: After the e 3 should be de	220. I certify that (this hospital) attended the deceased from Ma	rch 14, 19 69, to April 10, 19 69, that ≠1) (we) last
R: A	causes stated obove, (b) (we) (did) (did) view the body ofter death	t in (mg) (our) opinian death accurred on the dote and hour and fram the
P P P P P P P P P P P P P P P P P P P	22b. SIGNATURE	22c, DATE SIGNED
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A Par Car	510 ssC 77 3	22e ADDRESS
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5 5 5 <u>1</u>	BULKPEAL 4-15-69 MT-AUBURI	N BANIMORE MO
VR AISON	FUNERAL DIRECTOR ADDRESS 212.	250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE APR 1 5 1969
45M · 1789]	19DETTI MILTI ILBY NJORAH WAY, BALID.	NA DATE TO LOOP



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	05113 CERTIFICATE OF DEATH
death. reral and 2 death.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR Month 15 Day 6900r M
Executed within 24 hours after death. Id fompletely filled in by the funeral emayers. Pages 1 and 2 any event, withthe 2 hours after death.	3. SEX Female 4. RACE White 5. DATE OF BIRTH 11-21-83 88 6. AGE (In years if under 1 YEAR if under 24 HRS dast Bridge) YRS MONTHS DAYS HOURS MAIN
An hour	76. SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. COUNTY OF DEATH
within some particular fille within a w	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during may be working leaven if retired.) 12b. KIND OF BUSINESS OR INDUSTRY
ompleti ownpleti	13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE Maryland 13b COUNTY Baltimore Baltimore PES NO 2419 Pelham Ave.
¥ * ≥ * 5	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost William Becker Elizabeth Schwarzt known
ertificate be exception and in any and in any in an	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no por unknown (the squee war or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT Donothy M. Schott - 2419 Pelham Avenue
equires that the death of physician. signed by the attending burial-transit permit. The burial, crematian, ar ren	18. CAUSE OF DEATH (Enter any ane cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave as a consequence of stating the underlying cause (a) stating the underlying cause (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 12c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18)
TO HOSPITAL OR ATTENDING PHYSICIAN: The aw named to be a may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OFFICE BUILDING, ETC.
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VR AIS HU	PRINGVAL (Specify) 4-19-69 Gardens of Faith Cemetery Baltimore Mayland 24 FINERAL DIRECTOR John C. Miller Inc-0+15 Belair Road-21206 DATEAPR 2 2 1969 JOHN C. Miller Inc-0+15 Belair Road-21206



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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death estained by the hospital or ottending physician. CTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral shauld be detached for use as the burial-transit permit. Then please remove carbon papers? Progres I and State the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ditet death lith the State Dept.	13σ	USUA. RES DENCE (Where decease issian) Maryland	ed lived, if institution	Res dence befare	13c CTY OR	TOWN 13d	INSIDE C TY LIMITS?	13e STREET AND N.	IMBERNO ONE	Ave.	#21234
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ate icior leos and		WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16	66 SOCIAL SECURITY N	10 17	INFORMANT			Address		<u> </u>
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ome pure		18 CAUSE OF DEATH (Enter and	y ane cause per ne	far (a), (b) and (c))	-				AFFROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
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tten tten as k os prii	CERTIFICATION	170. DATE OF OPERATION 170,	COMDITION FOR WHICH	OPERATION WAS PER	CEOKINED			CAUSES OF DEATH?	TINDINGS (ONDIDEKED IN E	EKHFUNG
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Spirit spirit serfined troof	MEDICAL	(If either, natify medical examinate 21d. INJURY OCCURRED 21e.		MANNE EYBW CIBEEL ETC		OCATION Street of	- DED N-	City or Town		Caunty	State
OR ATTENDING PHYSICIAI be retoined by the hospital SIRECTOR: After this certifice is 3 shauld be detoched for ed with the Stote Dept. of He		While Not while at wark	TEACE OF INJOK! (OF	HOME, FARM. STREET FAC FFICE BUILDING, ETC.	211 (JUNION SHEET	ILK ED MG	City de sawii		Cabiny	31016
ING by the ce de tote		22a. I certify that (I) (thi saw the deceased al	s haspital) attepe	ded the decease	d from	3-25	19 69	, ta4-6	, 19	59, tha	(I) (we) last
END ned I R: Al uld t		saw the deceased al causes stated abave	(I) (we) (did) (di	id nat) view the l	9 <u>09,</u> an	d that in (my) death	(our) opinion	death occurred o	in the do	te and haur	and fram the
AT Short Hill		22b. SIGNATURE	/ (1.0) (a.a) (a.	anary viole mo	2407 41101				22c.	DATE SIGNED	· · · · · ·
OR De C		1. Bai	udera	1.	DEGR	REE PHYS	MED DIRECTO	OR STAFF [3	4-6-69	}
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		FUNERAL DIRECTOR	-	ADDRESS			Sa REC'D BY REG	ISTRAR 2Sb R	EGISTRAR'S	SIGNATURE	
45M - 199		Leonard J Ruck	Inc. Bal	timore, 1	Maryla	nd l	APR B	1969 /	lan	as Jacob	gle.



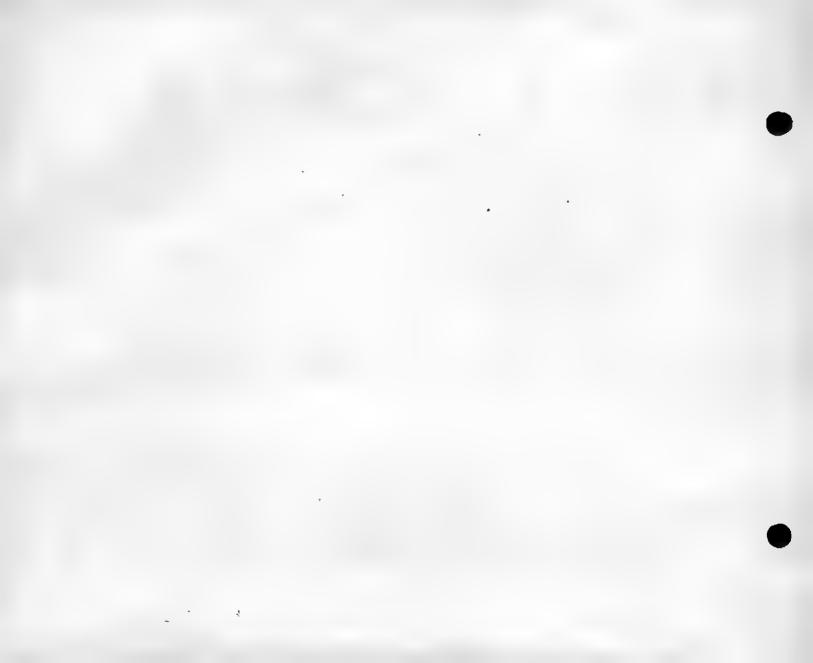
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-5		05115	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI ERTIFICATE OF DEATH		05107
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er death.		CEASED NAME First (ype or print) Car	Middle		2a. DATE OF DEATH Manth Day	Year Year
p p p	3. 56		4. RACE	Maneth Is. DATE OF BIRTH	6 AGE (In years	1969 M IF UNDER 1 YEAR IF UNDER 24 HRS.
t e		Male	Cau.	5-31-1907_	last birthday) 51 YRS.	MONTHS DAYS HOURS MIN.
Sin	7o	SIRTHP, ACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the the horal director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages a should be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours one-predeath	10.	TY OR TOWN OF DEATH Fullerton	11 NAME OF HOSPITAL OR INS give street oddress)	TITUTION (If not in haspital 12a. US during during	ual Occupation (Kind of work done most of working life, even if retired) BODY & PENDER	12b. KIND OF BUSINESS OR INDUSTRY
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J S S S S S S S S S S S S S S S S S S S	14	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		lost
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ate ician leasi and	160	WAS DECEASED EVER IN U.S. ARME	ne alestas, ad especies l		Address	
phys en p		es/10 at nukuamu) (+ sez 8ise mat	212-01-3	189 Mrs Lula E.	Maneth 1139 Oak Hi	11 Avenue
that the death cerion. I by the attending programit. The cremation, ar remain.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a) (b), and (c).	_		BETWEEN ONSET AND DEATH
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The trate of the control of the cont	EFF	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	YES NO	iter nature of injury in Part 1 or Part 2, It	101
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he h this letac		While Not while at work	OFFICE BUILDING, ETC.	,		
ING by the frer be d		22a. I certify that (i) (this	hospital) attended the decease	d from 1-14-64, 19	, to 4-22, 19_	<u>〜</u> ブ, that (I) (we) lost
R: A			ve an (l) (we) (did) (dustroi) view the		pinion death accurred on the dat	e and havr and tram the
Short Short		22b. SIGNATURE				AJE SIGNED
OR DE L	L	Silv	n l. HA	DEGREE PHYS	MED. STAFF DIRECTOR PHYS. 4	1-24-69
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept.		22d PHYSICIAN'S NAME (Type)	+N C. Hyle	22e. ADDRESS 7527	Belian Ree Ball	1236 mel
HOS ge 4 FUNI	230.	BURIAL, CREMATION, 23b. DA	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town) Baltimore C	(County) (Stote)
5			25-1969 Lorrai	ne Cemetery		o. Md∎
VR AIS PAL		FUNERAL DIRECTOR	Home 7401 Belair	Road 21236 APR	25 1969 Colombia	
30M REV TO BE		CODOUNT LANGE OF	TOUR LACT SCHOLL	THORU CALLYO DATE IN	25 1969 Miliante	L. Pendan



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4 424		EASED NAME First pe or print)	Me Mid	N.F	Lost	20 DATE OF DE	ATH .		26 HOURP
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24 haurs after death. et in by, the funeral pers Pages I and 2	.3. SEX]	FEMALE	4 RACE CAU		1-30-12	6	AGE (n years ps by haday) YRS.		UNDER 24 HRS GURS MUN
aurs aurs	7o BIF	THPLACE (State or foreign)	b CITIZEN OF WHAT COUNTRY	8 MARRIED	NEVER MARRIED	9. COUNTY OF DE			
adre Control	Bu	A Scotia	U.S.A	MIDOMED	DIVORCED [BALTI	ORE CO.		Md
vithin vithin po	1	Y OR TOWN OF DEATH , OWSON , MD.	ON NAME OF HOSPI	TAL OR INSTITUTION (If r	CENTER 120. U	ISUAL OCCUPATION (Ki I most of warking life DUSE LE	nd of work done even if retired)	12b KIND OF BUS	INESS OR
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AN: The law requires that the death certificate be elecuted within 24 of or attending physician. It is been signed by the attending physician and campletely filled for use as the burial-transit permit. Then please remove carbon paper Health priar ta burial, crematian, or removal, and in any event, within 22	1	PART I DEATH WAS CAUSED IMMEDIATE	one couse per ne for (o), (b) BY: CAUSE (o) LIVER	ond (c) FAILURE				APPROXIMATE BETWEEN ON SET DAYS	INTERVA. AND DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creasingly.	2	2a. I certify that (1) (this saw the deceased also	haspital) attended the e an 4-46 (1) (we) (did) (did nat) vi	deceased from	4-03 , 19 d that in (my) (aur) (9 69 , ta 4 – . apınıan death accı	L6 195 irred an the da	69_, that (I te and hour on)—(we) last d fram the
R ATII retain RECTOR 3 shou	2	2b SIGNATURE	(i) (we) (ala) (ala hai) vi	- 11X	ATTENDING	MED S	22c. [PATE SIGNED -16-69	
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VR A15 (45M	24 F.	MARAL DIRECTOR LA LOT	fors anno	polim,	APR	2 2 1969	25by REG STRARS	SIGNATURE	~



1	1		DIVISION OF V		301 W. PRESTON STI		ORE, MARYLAND 21201		
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S PHYS the hos this ce detoche e Dept.	2	While Not while			ORY.) 21f ±OCATION Stree		City or Town	County	Stote
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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d, PHYSIC AN S NAME (Type) DENNI	D. AG	ALLIANC	DEGREE PHYS 22e. ADD	RESS SPRING	CTOR LIPHYS LET ? G GROVE STATE H imore, Maryland	OSPITAL 21228	<u></u>
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VR A15 (108)	24	FUNERAL DIRECTOR ALTERS FUN'L	HOME P	RATT+S	TRICKER STS	DAAPR 1	5 1969 256 REGISTRAR	S SIGNATURE	pe.



_				STATE DEPARTMENT OF H		
		05118	DIVISION OF VITAL RECORDS, 30	RTIFICATE OF DEATH	IMOKE, MAKTLAND 21201	05110
. 8.2	1 DI	CEASED NAME First	Middle	Last	20. DATE OF DEATH	05110 2b. HOUR
er death. funeral s, 1 and 2 ter death.		ype or print) John	A, MASON		4 Month 2 6 Da	67 Year 11:15 PM
for the fun	3 SE	X	4 RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	RE JNOER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
the f	<u> </u>	M	NEGRO	12/23/91	22 YRS.	
hours hoor	/g. l	SIRTHPLACE (State or foreign		MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH BALTO.	Md
illed pape hin 7	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITU	ITION (If not in baseital 120 HSH)	AL OCCUPATION / Kind of work done	126 KIND OF BUSINESS OR
within within born with	7	OWSON	give street address ENA	OK AVE CL	ost of working life, even if retired)	Sc bool
ecuted within 24 completely filled ove carbon pape y event, within 77	130 odm	USUA. RESIDENCE (Where deceas ssian) STATE	ed lived, if institution Residence before 13		MITS? 13e STREET AND NUMBER	AUT
xecu mov iny e	14. 1	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME F	irst Middle	last
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ot the the mati		Conditions, if any, which gave rise to immediate cause (a), ((0)			
equires that the partition is physicion. Signed by the burial-transit purial crematic		stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
equire phys signe buria buria		PART 2. OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
ding ding een the	증	190, DATE OF OPERATION 196.	CONDIT. ON FOR WHICH OPERATION WAS PERFO	RMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONCIDEDED IN CEDTIEVING
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or otherding physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral end should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hoors offer death	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PERFO	YES NO	CALISES OF DEATHS	CONSIDERED IN CERTIFIING
I or late or use tealth		210. ACCIDENT WAS UNDERLYING CAUSE OF GEAT		21c. HOW INJURY OCCURRED (Ente	r nature of injury in Port 1 or Part 2,	Item 18.)
SICI/ Spito ertifi ed f	MEDICAL	(If either, notify medical exami	ner) PM. 19	(A) DIS LOCATION SAME OF D.S.D. Mc	. City ar Tawn	County State
PHY ne ho this c	-	TANAL THE TANAL	PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.			
ING by th fter i	1	22a. I certify that (I) (th	s hospital) attended the deceased	from 3 - 20 , 196	8 , to 4-26 , 19	69 , that (1) Xwe) last
TEND ined OR: Ai	l	saw the deceased a couses stated abave	is hospital) attended the deceased live an <u>Y-2-6</u> 19 e, (I) (we) (did) (did no t) view the bo	松之, and that in (my) (our) ap ly aftèr death.	inian death occurred an the d	ate and hour and tram the
A AT reform short with		22b. SIGNATURE	921.	1	MED. STAFF 22c	DATE SIGNED
NI OI V be I DIR		22d. PHYSICIAIYS	i prin	22e, ADDRESS		4-901
SPITA 4 mo IERAI or, p d be		NAME (LYPE) JERO	ME GABER	5706	BELLONA A	V
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 F Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7A.	23a	BURIAL, CREMATION, 23b BEMOVAL (Specify) 5	DATE 230 NAME OF CEN	NETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	24	FUNERAL PIRECTOR	A ADDRESS	250 PFCD	PY REGISTRAR 2Sb REGISTRAR 2 9 1989	S SIGNATURE
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IPU	-		/ sacros	VULA.		

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Non		1				ID STATE DEPARTMENT OF		
1	1			05440		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	05111
-				05119		CERTIFICATE OF DEATH		
	eoth. eral and 2 eoth.			CEASED NAME First (Pe or print)	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	deort		l `	Carne		Masters	ApriMonth 15Doy	1989 4:30
	\$ FILE	\	3. SE.	Female	4. RACE White	S. DATE OF BIRTH	lest highway)	FUNDER 1 YEAR IF UNDER 24 Ars." ONTHS DAYS HOURS MIN.
	E (TARE)	<i>j</i>				July 28,18	880 88 "YRS	
	requires thot the death certificate be executed within 24 hours after death g physicion. s signed by the attending physician and completely filled in by the poeral s burial-transit permit. Then please remove corbon papers. Page: 1 and 2 burial, cremation, or remaval, and in any event, within 72 hours effect death.		70 B	IRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	d in d in 72 l		Court	"CapeBritton	, U.S.A.	WIDOWED 🖄 DIVORCED 🗌	Baltimore C	ounty, Md.
	fille fille		10. C	TY OR TOWN OF DEATH Can	ada 11 NAME OF HOSPITAL OR IN		AL OCCUPATION (Kind of work done nost of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
	with with	/		Catonsville	give street address) 29 Darre	ow Drive	Cashier	Hotel
	ed y		13e	USUAL RESIDENCE (Where deceose ision) STATE	d lived, if institution Residence before		Avent .	
	omi owe	all'	Julii	Md.	Baltimore	Catonsville N	ON 29 Darrow D	rive
-	an) de c	1	14. F	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	Last
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1	ertifica le b physician nen please taval, and i		160.	WAS DECEASED EVER IN U.S. ARMI	r rur riettes et servere l	NO 17. INFORMANT 2	9 Darrow Dadesbe	- 21228.
	tific hys n p val,			s, np, ar unknawn) (11 yes give wa	077-20-9		ine I McAlliste	וין כ
	ren in a			18. CAUSE OF DEATH (Enter only	ane cause per line for (o), (b), and (c)	1)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ndir ndir or re			PART I. DEATH WAS CAUSED	BY. TE CAUSE (a)	Incumore	d	10 days
	afte afte on, c		Ш	4	DUE TO, OR AS A CONSEQUENCE OF	A 1 :	/ / / ·	
	the the difference of the diff		Ш	Canditians, if any, which gave	(b)	Congestive.	least /alluse	10 days
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	ed led al-tr			last	(c)	uner evs.		gears
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	ng en he to		z.	Carten	iong, Fren & f	orehead		
	lov endi	,	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PI	ERFORMED 20a. AUTOPSY?	206 IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
	The affice of the second secon	X	IE			YES NO	CAUSES OF DEATH?	
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	igal igal igal igal igal igal igal igal		MEDICAL	OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examin	HOUR A.M. Manth Day Year er) P.M.	9		
	nosp cer che			21d. INJURY OCCURRED 21e. I	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R.F.D. N	a. City ar Tawn	Caunty State
	this leto			While Nat while of work		_	4 *	/ .
	OR ATTENDING PHYSICIAN be retained by the hospital of NRECTOR: After this certificat e 3 should be detoched for ed with the State Dept. of Hec			22o. I certify that (I) (this	s hospital) attended the deceas	ied from Saw 2! , 194 1969, and thot in (my) (our) op	44, 10 april 15, 190	27 , that (I) (we) lost
	ed Hed Hed Hed He S			sow the deceased ali	ive on <u>Up 121 5</u> , (I) (we) (did not) view the	1964, and that in (my) (our) or	pinion deoth occurred on the dot	e and hour and from the
	TO TO The t			22b. SIGNATURE , /	(i) (we) (did) (did not) view ine	body biter debitt.	22c D	ATE SIGNED,
	REC 3 s 1 wi	/		Ros,	und Untio	DEGREE PHYS.	MED. STAFF 4	415/69
	/ be	- /		22d. PHYSICIAN'S	Mar 707 FC	22e. ADDRESS	DIRECTOR - PRITS -	7.0/-/
	RAI RAI		П	NAME (Type)	0 - 0	5501 FOX	est laux Clar	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be Executed within 24 has Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers should be filed with the State Dept. af Heolth prior to burial, cremation, or remayal, and in any event, within 72 h		720	BURIAL, CREMATION, 23b. D	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	Pog- Pog- dire		2.50					
			24.	FUNERAL DIRECTOR	ing Juneral Catal ADDRESS	S 2So. REC'D	BY REGISTRAR 25b. REGISTRAR 5 S	IGNATURE
	VR A15 (30M REV, 1	1268		736	Édmondson Ava.	APP 1	7 1969 xcharle	Judge.
		183	<u> </u>	Caro	msville, Md. 21228	MILL	1000	1.

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1		MARYLAND STATE DEPARTMENT OF HEALTH	
		05.120 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0511
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05112
HEALTH DEPT.		ECEASED NAME First Middle Last 2a DATE KNOWN Month	Day Year 2b HQUR
× 0 0 4	(Type or Print) JOHN F. MATOSKA DEATH MATED APRI	11 > 010/19 N39
delay is nd 3 ta i3 Page ment af	3 SI	DENTITY BUILD TO	24 HOURS
9 5 m E 1		last birmday) MONTHS DAYS HOURS MIN. Month (100y)	Year (9 1)37
ny delay 2, and 3 i PM3 Pag	7		1 1801 12 11
1 2	EOUN		
for for		M.D. DIVOKED DIVOKED BALTO.	Md
まる 新 St 35 ~		11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPAT ON (Kind of work dane during most of working life, even if retired.)	126 KIND OF BLSINESS OR INDUSTRY
Give Pages ong with far th the State		3439 TONNAT BUS DRIVER	INDUSTRI
effer one of the		USUAL RESIDENCE (Where deceased ved, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	4.4
s af	- 0	dm ssion) STATE MD. 13b. COUNTY BALTO DUNDALK YES NO 1 3459 FO	RKWAY
hin 24 hours after death neil in Item 18 Give Pages niner's Office along with fail pages 1 and 2 with the State hours after death	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
4 + 0 c = 0		JOHN MATOSKA BARBARA CECK	
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
within pencil xomine	{Y	(es. na. or unknown) (types give improcedus of service) 216-01-1332 MARIE MATOSKA	AROVE
File 72	H		APPROXIMATE INTERVAL
wednest within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
S S S S S S S S S S S S S S S S S S S		IMMEDIATE CAUSE (a)	
be exemple in the period in th		Canditions, if any, which gave	
hie hie		use to immediate cause (a).	
ony		stating the underlying cause DDE 10, OR AS A CONSEQUENCE OF	
sho w in the in the in the in the interval of		lost. (c)	
XAMINER: This certificate should be executed within 24 hours after death te the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, yal should be farwarded to the Chief Medicar-Expinier's Office along with farm your files. Sage 3 should be used as a burial-transit permit. File pages land 2 with the State Decremation, ar remayal, and in any event within 72 hours after death		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fice ring rde as	22		
writ writ wa wa sed	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
is of fair	띮	WAS PERFORMED?	YES NO Z
e de periode		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, 8	tem 18.)
INER: 1 ne certific should b files. 3 shauld notion, an	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M 19	'
Sho sho	₩	21d INJURY OCCURRED 21e, PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. No. City at Town	Caunty State
XAM te th ge 4 your age crem		WHILE THOU WHILE tactary, affice building, etc.)	
bical Examiner: se execute the cert star. Page 4 should med far your files. ECTOR: Page 3 shau 3 burial, cremation.		AT WORK L AT WORK L	8/ 1
Y, please executed director. Page refained far tal DIRECTOR: prior to burial,		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection X, Inquiry	ond in my apinion
Se candidate of the can		death resulted from: Notural causes	
please direct direct DIREC		ACTUAL TO CHIEF MEDICAL EXAMINER TO SOLD DATE	1 1
A P P P P P P P P P P P P P P P P P P P		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE	SIGNED //
ES Para C		EXAMINER'S DEPUTY MED CAL EXAMINER 2	4-10-
o DEPUTY DICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained far your 6 FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) 1 + 60 C VA 1+ CRS/N ADDRESS(Street, city, town, or county)	/ / /
5 g # 2 5 H	230	BUR AL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City of Town)	(County) (State)
0.0		REMOVALISPECTY) 4 4/24/69 PARKWOOD CEM. BALTO, M	D.
(H	24.	FUNERAL DIRECTOR ADDRESS 25G REC'D BY REGISTRAR 25b REGISTRAR S	SIGNATURE
VR A15ME (6)	J	T.G. CONNELLY SONS 300 MACGONAPR 24 1969 Village	la Verdon .
TOM KEY TYOU	_	The second second second	





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05122 05114 CERTIFICATE OF DEATH **DECEASED NAME** First Last 2a. DATE OF DEATH 2b. HOUR death. The law requires that the deoth certificate be executed within 24 hours after death Tuneral Tond (Type or print) 6.30 M Gertrude McFee Apri] IF UNDER LYEAR IF JHDER 24 HRS S. DATE OF BIRTH 6 AGE (In years 3 SEX 4. RACE 12-25-1894 lost buthday) MONTHS DAYS HOURS White Female trigh and completely filled in by the popers Per hin 72 hours 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) DIVORCED [WIDOWED TY Baltimore U.S.A. Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) St. Joseph Hospital Towson 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN event 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 16 Aigburth Rd.,-21204 admission) STATE 13b. COUNTY Baltimore YES NO X Towson Maryland and in any 15. MOTHER S MAIDEN NAME First 14 FATHER'S NAME First Mary O'Leary James J. Mooney 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Mrs. Janet Galvin Yes, na, acunknown) (If yes give war or dates of service) 300 Cedercroft Rd. 12 cremotian, or removol, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH O FUNERAL DIRECTOR: After this certificate has been signed by the attendid director, page 3 should be detached far use as the buriof-tronsit permit. Congestive Heart Failure IMMEDIATE CAUSE To) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave: Cor Pulmonale rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause Pulmonary Emphysema PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO-21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended, the deceased from 3/31/, 109, ta 4/5/, 1969, that (I) (we) last saw the deceased alive an 4/5/, 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING 4-5-69 Juall ut DEGREE , poge be filed 228 ADDRESS PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 NAME (Type) Gualberto Gokim Jr. M.D. director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE 230 BURIAL CREMATION. REMOVAL (Specify) 4/9/69 Balto. Cathedral Cemetery 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home-6500 York Rd. 21212 2Sa. REC'D BY REGISTPAR VR A15 (4))

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• 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
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s after death.	3. SE		4 RACE caucasian	S. DATE OF BIRTH	6. AGE (In years last birthday)	1969 M IF JNOER I YEAR IF UNDER 24 HRS. MONTHS GAYS HOURS MIN.
E & A 3\	70		76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Balti	more.
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and car remay	14.	ATHER'S NAME First William	Middle Lost E. Miller	IS. MOTHER'S MAIDEN NAM		Lost Gore
ficate ficate y siring please		WAS DECEASED EVER IN U.S. ARME es, nq_ar unknawn) (II yes give wes		IO 17 INFORMANT	R. Capparelli	(Same)
ih certi		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN OWSET AND GEATH
he disa attence permit rian, ar		OOX, 7 Conditions, if any, which gove)	DUE TO, OR AS A CONSEQUENCE OF	mus us	0. 11	
that tran. I by the transit.		rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	garnoe	wenty;	
requies physic signec burial burial			(t)	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
ATENDING PHYSICIAN: The law requims that the disath certificate be executed within 24 haurs after death etanned by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled-mrby, he funeral should be detached far use as the burial-transit permit. Then please remave carbon papers, Pages 1 and 2 should be be pt. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hour after death	CERTIFICATION	19a. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
IAN: The or a ficate he far use the alth		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, 1	Item 18.)
PHYSIC e haspii his certi trached Dept. al	MEDICAL	4411100 1 1401 WING	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC.		No. City or Town	County State
ADING d by th After tl d be de e State			s haspital) attended the decease	ed fram, 1 9 <u>6 9</u> , and that in (my) (our)	9, ta, 19 opinion death accurred an the da	, that (I) (we) last
ATTEN retaine ECTOR: Should with the		causes stated above,	(I) (we) (did) (did nat) view the	ATTENDING .	22c	DATE SIGNED
TAL OR AL DIR AL DIR		22d PHYSICIAN'S NAME (Type) Dr. G	Gus B ritsas	DEGREE PHYS	Olf Alta Avenue, Bal	7/3/69 to Md.
Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted-nr bidirector, page 3 should be detached for use as the burial-transit permit. Then please remaye carban pages should be detached for use as the burial-transit permit. Then please remaye carban pages should be died with the State Dept. of Health prior to burial, crematian, or remayal, and in any event, within 72 has	23a.	BURIAL, CREMATION, 23b. Dr	ATE 23c NAME OF	CEMFTERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
VR ALSON		FUNERAL DIRECTOR	8/69. Herefor ADDRESS The Balto, Md		D BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
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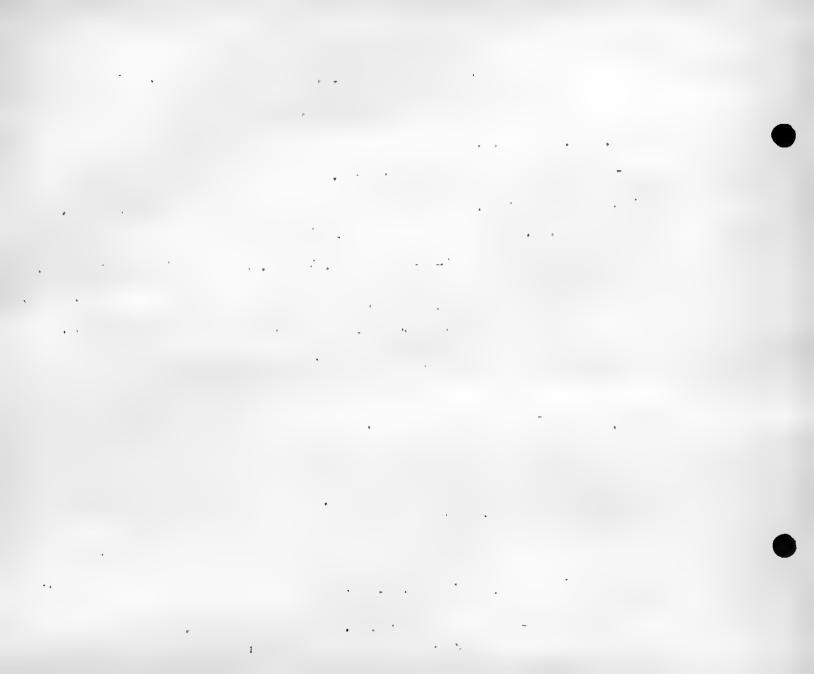
n-1		MARYLAND STATE DEPARTMENT OF HEALTH	
		05124 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05116
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME First Model Lost 2a. DATE KNOWN Month Day Type or Print) - Control of ESTI-	
to to of of	,	DEATH MATED ENTHAL DEATH MATED	190 / / A W
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2, and 3 to PM3, Page		1-19-13 53 YRS	1969 73B
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ve p withe		OCKEYSVILLE 250 BHEADD AND. HOUSEWISE OF	UN Home
s offer 18. Gu along with 1	13a	USUAL RESIDENCE (Where deceased lived, f institut an Residence before) 13c CITY OR TOWN [13d. INSIDE CTY LIMITS?] 13e STREET AND NUMBER	
vs —	· ·	Admission) STATE M. D. 136 COUNTY BATE O. CUCKEYSVILLE YES NO D. 250 ASHLAND A	12.
hours Office	14. F	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
24		Robert HENRY RILEY ANNIE (NINN)	FOWLER
hin 24 not in pages		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS OF PAIR ON NO. 11.	TRU.
the Bear			md. 21074
Para Frie		18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY LL Y DEAD CREATE STATE CORRESPONDENCE OF CORRESPONDENCE	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
be executed "pending" in nief Medicol E nnsit permit. F event within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) HYPERTEN SLUE CEREFORD VASCULAR MISSANSE	5 TRS
exe endi Me t pe		DUE TO, OR AS A CONSEQUENCE OF	
be "pr insi		Cánditians, if any, which gave) rise to immediate cause (a), (b)	
ord ord		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne word "per o the Chief I burial-transit I in any ever		last (c)	
a b b b b b b b b b b b b b b b b b b b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate shauld be executed within 24 secriticate, writing the word "pending" in pencil in should be forworded to the Chief Medical Examples files. 3 should be used as a burial-transit permit. File pages nation, or removal, and in any event within 72 hours	×	BRONCHAL 1/57HMA	
certif orwor used movol	ATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
MINER: This of the certificate, 4 should be four files. B 3 should be u mation, or rem	CERTIFICATION	WAS PERFORMED?	YES NO
Figure 1 be		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 HOUR A.M.	8)
INER: Te certific should be files. 3 should artion, or	MEDICAL	CAUSE OF DEATH P.M 19	
A share and a shar	₩.	46 4 14	ionty State
EXAMINER: cute the cert oge 4 shoul r your files. Poge 3 shoul I, cremation		WHILE AT WORK AT WORK	
a a a a a		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
Se exector. Fector. Fector. Fectors to burion		death resulted from: Natural causes Accident , Suicide , Hamicide Undetermined manner	. ,
please e I director retained L DIRECT		CHIEF MEDICAL EXAMINER	
rior red		ACTUAL VILLEA - 22 CONTROL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNI	
ory or be per per per per per per per per per pe		DEDITY MEDICATEVAMINED 7	1-69
TO DEPUTY DICAS necessory, please ex the funeral director. 5 may be retained f TO FUNERAL DIRECTO Health prior to buri		EXAMINER'S WILL AM ADDRESS (Steel / H, 18th) of county)	
5 = + 2 5 H	23a	BURIAL (REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Cour	nty) (State)
	7	3 REMOVAL (Specify) 4-28-69 BEL HIR MEMORIAL GARDENS BEL AIR 1	MARYLAND
0.0	24	FUNERAL DIRECTOR 10 SO YORK Rd 250 RECUBY REGISTRAR SOLUTION TO COOK-BROOK'S TOWSON, INC. TOWSON, M.C. 21204 DATE 2 5 1969	Photos.
VR A15ME (5)	Ku	m. Cook-Brooks Towson, Inc. Towson, Md. 21704 DATE & D 1303	1 0



	1			AD STATE DELAKTWE				
12		05125	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREE CERTIFICATE OF D		MARYLAND 2120	05	117
4 7.4		ECEASED NAME	chiedda:	-tast*	2a. DATE	OF DEATH		2b HOUR
executed, within 24 haurs after death of completely filled in by tre-to-elail emove carbon papers. Tage I and 2 any event, within 72 haurs offer death	(Type or print) MTLLE		PERKINS	3	64	-	6912:40
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ote be executed in the complete lease remove cart and in any event.	13o.	USUAL RESIDENCE (Where deceases	ed lived if institut an Residence before		1. INSIDE CITY LIM TS? F3e	STREET AND NUMBER		
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PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician or stacked for use as the burial-transit permit. Then please in Dept. at Health prior to burial, crematian, ar remaval, and in		WAS DECEASED EVER IN U.S. ARA (es, no, or upknown) (It yes give y	the ordered comment	NO 17 INFORMANT 2683 MARGARE	THULE	Addres R 403 So	0	07/0/57
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hysi hysi uria uria			IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE OR CONDITION O	OVEN IN PART 1(n)		
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State of the state	CERTIFICATION			YES 🗀	NO [■ CAI	JSES OF DEATH?		
or or or early		210 ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCUR	RRED (Enter nature of	injury in Port I or Por	1 2, Item 18)	
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HYS has s cel sche ept.	累	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET F OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION Street o	or R.F.D. No.	City or Town	County	State
det the D		While Nat while at wark at wark		2				
be Stat		22a, I certify that (I) (th	is haspital attended the deceo-	sed from X 3-08	, 19 69 , to	4-09	19 <u>69</u> , t	that (I) (we) last
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TA B B S 是 是		22b. SIGNATURE					22c. DATE SIGNE	.D
OR OR Selection		BIL	C. Cho K	OEGREE PHYS	DIRECTOR [STAFF PHYS.	4-5	3-6-1.
IAL Day I		22d. PHYSICIAN'S NAME (Type) B.R.	CITAT	22e ADDRES 670	SS STORMET C	HARLES S	TREET	
SPII 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m			. CH•I				TKEET	
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. af Health priar to burial, cre-	230	BURIAL, CREMATION, 23b REMOVAL (Specify)		CEMETERY OR CREMATORY WRIDGE CEM	er Tepl w.	ATION (City or Town)	(County)	
5-5-2	24	REMOVAL (Specify) A / FUNERAL DIRECTOR	ADDRES ADDRES	WILLDER CEM	SO DECT BY DECISION	VAPD. CO	AR S SIGNATURE	Mp.
VR A15 (4)	1 1	The second secon		ICHED	So. RECD BY REGISTRAL PR 1 1	969 PCL	and signature	
4314 1/04	1//	MUILIO FUNL	HOME PRATT+STA	10KP/(373, D	MIL A. I. I	300	THE LA	edge .



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1		04400	DIVISION OF VITAL RE	CORDS, 301 W. PR	RESTON STREET, BAI	TIMORE, MARYLAND 21201	
		05126		CERTIFIC	ATE OF DEATH		05118
£ _2 £		ECEASED NAME First	Mid	dle	Lost	20. DATE OF DEATH	2b. HOUR
PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. he haspital or attending physician. his certificate has been signed by the ottending physician and completely infed in by the funeral etached for use as the burial-transit permit. Then please reprove carbon pages. Pages I and 2 Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	((ype or print) Rob	ert John	Miller	Sr.	April 12	Doy Yeor M
for ter	3 S		4 RACE		S. DATE OF BIRTH	6. AGE (In years	IF LINUER YEAR IF UNDER 24 HRS
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aur de la	70.	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED B	NEVER MARRIED [9. COUNTY OF DEATH	
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	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPI	TAL OR INSTITUTION (If no	of in hospital 120. US	MAL OCCUPATION (Kind of work do	ne 12b. KIND OF BUSINESS OR
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ecutad with	130	JSUAL RESIDENCE (Where decen	sed lived, if institution: Resident		TOWN 13d. HSIDE CITY	13e. STREET AND NUMBER	W NOCK
cuti bmg ve r eve	M	aryland	13b COUNTY Balto		YES 🗀	NO TOOLS Woods	11do-140-
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ction and and and and and and and and and an		Frederick H.	C. Miller			pielman	
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OR ATTENDING PHYSICIAN be retoined by the hospital DIRECTOR: After this certifica ge 3 should be detached for led with the State Dept. of He	₹	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM	M, STREET, FACTORY,) 21f. LO	ICATION Street or R.F.D. I	No. City or Town	County State
det in the Detre D		While Not while of work					
ATTENDING stoined by th CTOR: After t should be de		220. I certify that (I) (th	is hospital) attended the	deceased from	that is (my) (aur) a	68, 10 17 CELL 4,	19 6, that (1) (we) lost dote ond hour and from the
R: /	1	causes stated abav	e, (I) (we) (did) (did not) v	iew the bady ofter d	death.	pinian aeam occurrea un me	dote ond hour ond from the
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VR ALSAU (24.	FUNERAL DIRECTOR	all al Beth	ADDRESS / 2/	2So, RECO		AR'S SIGNATURE
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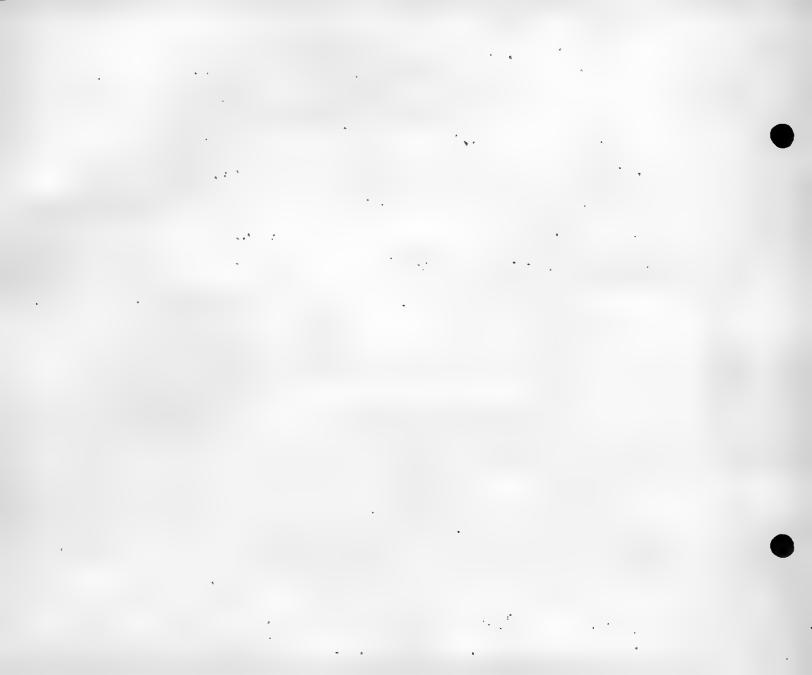
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05127 05119 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR 24 havrs after Beath. (Type or print) Month Rose Lee Miller 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IFUNDER I YEAR sast birthday) Female White 12-20-20 signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove carban papers. Pagi burial, crematian, or removal, and in any event, within 72 haurs o 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED BALTIMORE, MD. Baltimore Co. U.S.A. W:DOWED [DIVORCED [O. CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital 20. USUAL OCCUPATION (Kind of work done within 12b KIND OF BUSINESS OR Randallstown 130. SUAL RESIDENCE (Where deceased lived, of institution Residence before 13c CITY OR TOWN 3d HNSIDE CITY JIM TS? 13e STREET AND NUMBER requires that the death certificate be executed 13b COUNTY Balto. Highgate Dr. 14 FATHER S NAME Middle IS MOTHER'S MA DEN NAME First M.daie Lost SAMUEL KARFUNKEL HELEN HECHT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes po er unknown) MR. SAMUEL S. MILLER, 6001 HIGHGATE DR. APPROXIMATE INTERVAL TB. CAUSE OF DEATH (Enter only one couse per one for (a), (b) and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH CAKEINIMA LIVER METASTATIC DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be tiled with the State Dept. at Health priar ta TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be refained by the haspital or attendir .90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔽 YES -21g ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol examiner) HOUR A.M. Month Doy Year 21d. JURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a 1 certify that (I) (this haspital) oftended the deceased fram ATELL 3, 1969, to ATELL 25, 1969, that (I) (we) last saw the deceased alive on APPLL 25, 1969, and that in (my) (out) opinion death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS AUSTO BALTIMORE CEUNTY 23o BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) BALTIMORE, MARYLAND MIKRO KODESH 25b. REGISTRAR S SIGNATURE RETSTERSTOWN ROAD BROS. 6010



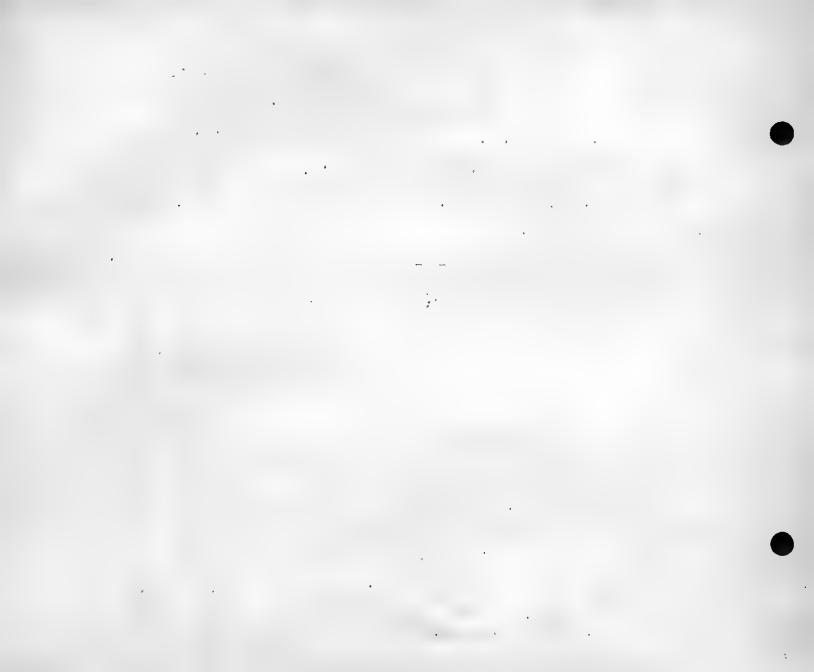
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3			3. SE	M	4 RACE	S. DATE OF BIRTH	6 AGE (In years lost birthdoy) 4-9 YRS.	IF UNDER 1 YEAR F JMDER 24 HRS MONTHS DAYS HOURS MIN
•:	in brees. Pers. Paul		7o E cour	IRTHPLACE (State or foreign try)	7b. CITIZEN OF WHAT COUNTRY? US 17	8 MARRIED NEVER MARRIED UVORCED DIVORCED	9. COUNTY OF DEATH BALTO.	Md.
· ·	are be executed within 24 icing and completely filled in pose remove corbon paper and in any event, within 72	3 %	10. (ESSEX	II. NAME OF HOSPITAL OR IN give street oodress	TERRACE dun	USUAL OCCUPATION (Kind of work done ing most of working life, even if retired)	12b. KIND OF BUSINESS OR
-	ompletely fore corbon event, with		13o. odmi	USUAL RESIDENCE (Where deceosision) STATE MD .	sed lived, if institution Residence before 13b. COUNTY BALTO		ECTTY LIMITS? 13e. STREET AND NUMBER	TER TERRACE
_	be exe ond c e remo	1	14. F	ATHER'S NAME First	Middle Lost NIXLES SR	IS. MOTHERS MAIDEN NA	AME First Middle (ERNER	Lost
1 4	physician ond company	,	760. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give v	MED FORCES? 16b SOCIAL SECURITY	NO 17. INFORMANT	Address F BOL	15
-	equires that the death of physician. signed by the attending burial-transit permit. The burial, cremation, or relative preserved.			PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove note to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	pronung (E OR CONDITION GIVEN IN PART 1(0)	APPROX MAN'E INTERVAL BETWEEN ONST, AND DEATH
-	the law s attending hos been se as the th prior to	X	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	the hospitol or the hospitol or this certificate detoched for u	1	MEDICAL CE	21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAL (If either, notify medical examination of the contribution of the	TH HOUR A.M. Month Doy Year ner) P.M.	19	(Enter noture of injury in Port 1 ar Port 2 D. No. City or Town	, Item 18.) County Stote
	Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to			77.11.0	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUHDING, ETC. F. office Buhd		19-6-2, ta	,
	FILAL UK AI i moy be reto ERAL DIRECTO Dr. page 3 sho d be filed with	1		22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) A. LE	is Koloons,	DEGREE ATTENDING PHYS. DEGREE PHYS. 22e. ADDRESS 1825	MED. STAFF DIRECTOR DIRECTOR DHYS. D	D - 21221
	TO HOSPILAL Page 4 moy TO FUNERAL I director, pag should be fil			REMOVAL (Specify)	4/14/69 BARD	CEMETERY OR CREMATORY		(County) (State)
	VR A16	P	24. J	FUNERAL DIRECTOR	ADDRES	DATE DATE	1 6 1969 25b registrar	SAGNATURE



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05129 CERTIFICATE OF DEATH 05121 Middle Last 20. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First apers. Pages 1 and 2 n 72 hours after death. 24 hours after death (Type or print) Month Year 69 QURA S. DATE OF BIRTH F JMDER 24 HRS. 3 SEX 4 RACE 6. AGE (In years IF LINGER I YEAR last birthday) MONTHS GAYS HOURS 0-15-7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED (dauptiv) BALTIMORI DIVORCED 🖂 WIDOWED [letery filled carbon pap ent, within 10. CITY OR YOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR law requires that the deoth certificate be executed, within give street oddress) during most of working life, even if retired) INDUSTRY NWSDN われい 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before signed by the oftending physician ond comil burial-tronsit permit. Then please remove d 13b. COUNTY. 251.A NO A pleose remove and in ony IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last First SNYDER BUNGAMIN ELIZABETH 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, ng, or unknown) 218-54-094 burial, cremotion, or removal, 111155 R. IRMA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) PART | DEATH WAS CAUSED BY: 1HROMDOSI > ERE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF RALPRIERIOSCLEROSIS Canditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying cause) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been the Health prior to 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING use as CAUSES OF DEATH? NO 🔼 YES . Poge 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) fa OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M be detached AT HOME, FARM, STREET, FACTORY, 211. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceosed fram 1967, and that in (my) (par) opinion death accurred an the date and hour and from the , poge 3 should be filed with the causes stoted above, (1) (se) (did) (distnat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURI ATTENDING PHYS STAFF PHYS. DEGREE DIRECTOR PHYSICIAN'S 22e. ADDRESS VENIYOOD NAME (Type) director, should 1 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE (County) REMOVAL (Specify) Grindon Lane Md. Immanuel Lutheran & Sons Co. 4905 York Rd. Balto.12. Md. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



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illed of papers, Phou		BIRTHPLACE (State or foreign ntry) Va •	7b. CITIZEN OF WHAT	COUNTRY?	^{8.} Married Widowed X	NEVER MARRIED [] DIVORCED []	9. COUNTY OF Baltin			Md
within 2 within 7 within 7		CITY OR TOWN OF DEATH Catonsville	SPR	E OF HOSPITAL OR INST cet oddsress) LNG GROVE	STATE I	HOSP.	MAL OCCUPATION (Kind of wark done fe, even if retired)	125 KIND OF BL INDUSTRY	ISINESS OR
executed within d completely fill smove corban p ony event, within	13a. adm	USUAL RESIDENCE (Where decease issian) STATE Way. Va.	d lived, if institution //3b. COUNTY //3b.	Residence before	isc city or to Chilhow		NO PT	EET AND NUMBER BONLO/Hom	Route #2	vsvill
	14,	FATHER'S NAME First Thomas W	Middle '	Last	15 M	OTHER'S MAIDEN NAME Belle	First	Mrådfe /	////////	Last
physicion physicion en please ovol, and i		. WAS DECEASED EVER IN J.S. ARM	ED FORCES? 16	66 SOCIAL SECURITY NO 226-48-692		rmant cords: SPRI	ING GROVI	Address STATE HO	SPITAL	
equires that the death certify physicion. Signed by the ottending phyburiol-tronsit permit. Then buriol, cremotion, or removo		18. CAUSE OF DEATH (Enter onleading PART I. DEATH WAS CAUSED IMMEDIA Conditions, if only, which gove rise to immediate cause (o) storing the underlying cause last.	BY: (E CAUSE (o) DUE TO, OR AS (b)	Right- A CONSEQUENCE OF Plous A CONSEQUENCE OF	ral eff	on eu monitis usion rotic card		ar diseas	APPROXIMA BITWEEN ONS	E INTERVA.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion of director, page 3 should be detoched for use as the buriol-transit permit. Then please is should be filed with the State Dept. of Health prior to buriol, cremation, ar removal, and in	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING and contributing and cause of Death all either, notify medical examin and injury occurred 21e.	ONDITION FOR WHICH 215. TIME OF IN HOUR A.M. P.M.	OPERATION WAS PER NJURY Manth Day Year 19	FORMED 214 HOW	2Do. AUTOPSY? YES NO E INJURY OCCURRED (Ent	2Db IF CAUSES ter noture of injury	YES, WERE FINDINGS OF DEATH?		TIFYING
moy be retoined by the may be retoined by the IRAL DIRECTOR: After the range 3 should be det be filed with the Stote D		While Not while 22a. I certify that (N) (the saw the deceased of causes stated abave 22b. SIGNATURE 22d. PHYSICIAN S NAME (Type) Diomi	(1) (was) (and) (d	ded the deceased in the provided in the provid	→ DEGREE	ATTENDING PHYS. 22e. ADDRESS SP	MED. DIRECTOR	STAFF 22c	DATE SIGNED	(N) (we) last
TO HOSPITAL Page 4 moy TO FUNERAL director, p≡c should be fil	L		ATE, 17,14	69 23c. NAME OF C	EMETERY OR CRI	MATORY	R.F.C	(City or Town)	(County)	(State)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	sof Par	MADDRESS	ion i	250. RECD	R 2 2 196	9 2Sb. REGISTRAR	S SIGNATURE	Ro



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05123 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle 2g DATE KNOWN [3] OF ESTI-DEATH MATED (Type or Print) 3 to MOUDRY MARK 3. SEX 4 RACE 6. AGE (In years IF UNDER 24 HRS MALE To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED 9. COUNTY OF DEATH along with farm WIDOWED DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in paspital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION, (Kind of work done 126 KIND OF BUSINESS during most of working life, every trefired) 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Jan 2 with admission) STATE 13b COUNTY should be farwarded to the Chief Medical Examiner's Office ofter IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last haurs 17. INFORMANI **ADDRESS** (Yes, na, ar unknawn) within 72 File APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY. permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) event DUE TO, OR ASMA CONSEQUENCE/OF burial-transit Canditians, if any, which gove rise to immediate cause (a), writing the word any stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) certificate 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21c. HOW MUURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY, Month, Doy, Year PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21e PLACE OF MUURY (At home, form, street, 21f LOCATION Street or R F D. No. director. Page 4 WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described obave, held an Autopsy Inspection + ond in my apinian death resulted from: Natural causes Accident 🔫 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER the funeral DEPLTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23d LOCATION (C tv 92 Town) (Stote) 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE



	MARYLAND STATE DEPARTMENT OF HEALTH
de:	05129 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Y	15132 Item23 FilmGh16 9/11/69 kk CERTIFICATE OF DEATH 05124
4 24	1. DECEASED NAME First Middle Lost 20. QATE OF OEATH 2b. HOUR
deat and deat	(Type or print) ANNA B. MOULTON April 29th, 1969 4139 M
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 15 JNDER 1 YEAR 15 UNDER 24 HRS. 1. OST birthdoy) MONTHS DAYS HOURS MAIN.
IS OF	Female White December 8, 1885 83 YRS.
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d in	country) Maryland USA WIDOWED DIVORCEO Baltimore Md.
physiciate be executed within 24 haurs after death. physician and completely filled in by The funeral en please remave carban papers. Pages 1 and 2 aval, and in any event, within 72 haurs after death.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
ille see see	Anneslie Balto Co. Armacost Nursing Home! Homemaker 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY UNITS? 13e STREET AND NUMBER
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corr gve	Maryland Baltimore JIO Annesiie Rd.
Y BEE /	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
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8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	160. WAS DECEASED EVER N U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give wer or dates of service)
\$ 2 g	no Mrs. Gertrude Quigley 4200 Roland Ave
that the death certificate on. by the attending physicientransit permit. Then please crematian, ar remayal, and	18. CAUSE OF CEATH (Enter on y one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
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attendi permit. ian, ar r	1621 OUE TO, OR AS A CONSEQUENCE OF
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the Detroit	of work at work
DING by th After II be de State	22a certify that (1) (thus hospital) attended the deceased from saw the deceased alive on 1969, and hot in (my) (our) opinion death accurred an the date and haur and from the
TENDING ined by th DR: After i wuld be d	saw the deceased alive on 1954, and hot in (my) (our) opinion death accurred an the date and haur and from the
Tie So cat	causes stated above, (!) (wa) (did (did not) view the body ofter seath.
AL OR ATTENDING PHYSICIAI y be retained by the haspital L DIRECTOR: After this certifica age 3 shauld be detached fai	22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR D STAFF 22c. DATE SIGNED 4130169
DIRE TOR	CALLY THE STREET OF THE STREET
TAI DO Po	22d. PHYSICIAL S NAME (Type) ACCOUNTS ACCOUN
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S S S S S S	230 BUR AL (REMATION, PERMOVAL (Specific) 23d LOCATION (City or Town) (County) (Store)
5 5 5 m	Burial 4/30/69/ Loudon Park Cem. Balto.
VR A15	24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home-6500 York Rd. 21212 250 REC D BY REGISTRAR'S SIGNATURE MAY 6 1969
30M REV 1/68	Mitchell-Wiedefeld Home-0500 fork na. 21212





MARYLAND STATE DEPARTMENT OF HEALTH 05126 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED NAME First Midale 20. DATE KNOWNEY Month Doy Yeor 26. HOUR (Type or Print) ESTIany detay is 2, and 3 ta PM3. Page of DEATH MATED 4 196910:20 CHARLES EDWARD ent 1E JNDER 24 HRS 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR (ast birthday) part m Doy Jan 20 1951 1969 10:208 White YRS Male 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in certificate, writing the ward "pending" in phincil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm country) Md USA WIDOWED | DIVORCED Balto. I and 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Parkville Garage 2713 Alden Rd Url 130 USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE YES NO 2713 Alden Rd 14. FATHER S NAME 15 MOTHER S MAIDEN NAME First be executed within 24.h "pending" in pencil in It CHARLES H. MURPHY CHARLOTTE CLARK pages hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes no, or unknown) (Higes give war or dates of service) 216-56-4685 Family records ermit. File p APPROXIMATE INTERVA. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH permit. Carbon monoxide intoxication IMMEDIATE CAUSE (a)____ in any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove) rise to immediate couse (a). certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) burial, crematian, ar remaval CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES XX NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY TOOR CONTRIBUTING HOUR A.M. 21e P.ACE OF INJURY (At home form, street, CAUSE OF DEATH 21f. OCATION Street or R.F.D. No. City or Town County 21d INJURY OCCURRED State foctory office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK AT WORK Parkville 2713 Alden Rd. Balto. Md. Carage 220. I certify that I took charge of the remains described above, held an Autopsy XX Inspection . nguiry and in my opinion Natural lauses. . . . Accident . . Suicide . . deoth resulted from: Undetermined manner XX Homicide | 5 may be ratained
TO FUNERAL DIREC
Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4/30/69 **EXAMINER'S** NAME (Type) ADDRESS(Street, rity, town, or county) Edward F. Wilson, M.D. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 236. DATE 23d LOCATION (City or Town) (County) (Stote) Buriad (Specify) 5/3/69 Dulaney Valley Ba1to 60 Md. 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR'S S GNATURE Morey Judge 1969 VR ATSME C.F.EVANS & SON 8802 Harford road 10M REV



\$ 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15!27
HEALTH DEPT.		DECEASED-NAME First Middle 10-1 20 DATE KNOWN Month [OF ESTI- OF April 1	
ay is 3 ta 3 ta 2age nt af	3 5	DEATH MATED APY 1 FUNDER 1 YEAR 1 IF UNDER 24 HRS 120 DATE PROMOTINGED DEAD	24 4090
any delay is 2, and 3 ta RM3. Page epartment af		Female White May 16, 1910 set buthday) MONTHS DAYS HOURS MUN Month Aprilogy 18,	Year 69 7:20A
and the state of t		BIRTHPEACE (Stote or foreign	
h ogesting	10. (CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 1)	26 KIND OF BUSINESS OR
dec Prove Pr		Cllicott City 26 Westchester Avenue Clerk retail store Bob	NDLSTRY BUCIE
bical EXAMINER: This certificate should be executed within 24 hours after death any delay is se execute the certificate, writing the ward "pending, in pagacily in Item 18. Give Pages 7, 2, and 3 to extensive Page 4 should be forwarded to the Chief Medical Examiner's Office along with farmer PMB. Page ned for your files. RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of a burial, cremation, ar removal, and in any event within 72 hours after death.	13a 0	USLA. RESIDENCE (Where deceased lived, if institution, Residence before Elificott City III No. 136 STREET AND NUMBER 26 Westchester	
4 hour I frem S Office after	14. [FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Joseph Cliver Murphy Mary Lingenfelter	lost
Acilyin acilyin niners pages hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Ellicott City, ADDRESS Md.	
	(No Miss Lucy E. Murphy 26 Westchest	er Avenue
urted in in it. If		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.	BETWEEN DISET AND DEATH
Medin Medin peri	\	IMMEDIATE (AUSE (o) Arteriosclerotic cardiovascular disease The control of the c	
be "pe hief ansit		Conditions, if any, which gove nse to immediate couse (a),	
ward ward the C rial-tr any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ficate shauld be executed with the ward "pending, in was ded to the Chief Medical Exarts as a burial-transit permit. File 1, and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ificating rided rided as (Z		
INER: This certificate, writ should be forwar files. 3 should be used notion, ar remova	CERT FICATION	196. CONDITION OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	(Partial)
This licate be 1 d be 1	CERT	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Her	
Certification, item,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
LITY DICAL EXAMINER: This certificate shauld be executed with say, please execute the certificate, writing the ward "pending," in say here director. Page 4 shauld be forwarded to the Chief Medical Example retained for your files. RAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File prior ta burial, cremation, ar remaval, and in any event within 72		21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while NOT WHILE NOT WHILE foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. City or Town	Caunty State
DEPUTY DICAL EXAM ecessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crem		220. I certify that I took charge of the remains described above, held an Autapsy (3), Inspection (1), Inquiry (1),	and in my opinion
trar.		death resulted freq Notural couses 🔀 , Accident 🔝 , Suicide 🗍 , Hamicide 🔲 , Undetermined manner	
please I direct retaine or ta b		ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 220 DATE SI	ICAIPO
ssary, please extensed directar. ay be retained in REAL DIRECTO the prior to but		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LX	+/18/69
necessary, the funera S may be TO FUNERAL Health pri	L	EXAMINER'S Ronald N. Kornblum, MD. NAME (Type) ADDRESS (Street, city, town, or caunty)	
5 5 ± × 5 ±	230	DEHOMA (Condida)	County) (State)
12	24	FUNERA DIRECTOR ADDRESS CONTROL OF THE CONTROL OF	GNATHRE
VR A1SME (II)	18	asten Funcial Home Catonsville, Md. DAIAPR 22 1969 Million	and American

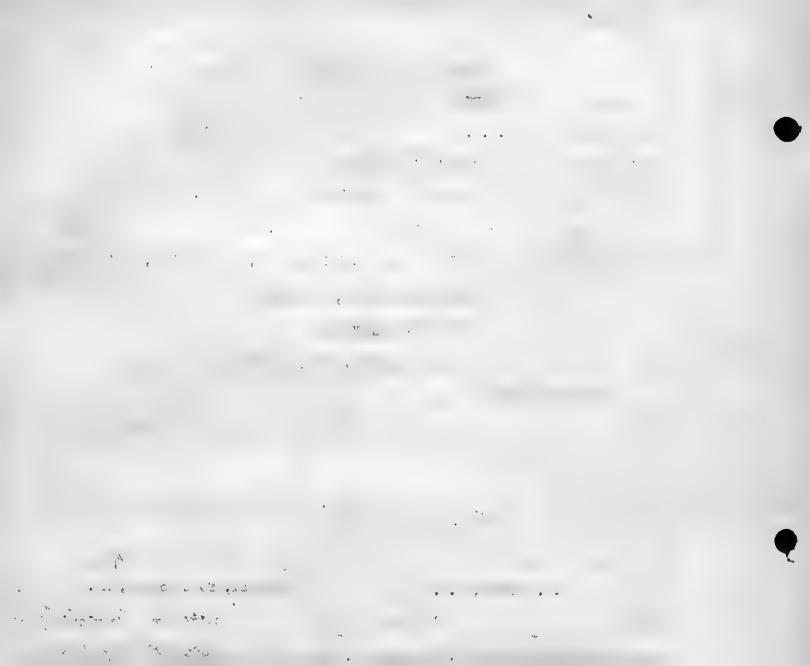




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. 2	_	ECEASED-NAME First		Middle		Lost	20. DATE OF DEATH			2b · HOURD
least earl		Time or areat)	ATHERINE	W.	NAYLOR		4 Month	2 9r	69 Year	8:56 M
b 47 2	3. 5		4. RACE		S. D	ATE OF BIRTH	å AGE (In	yeors	IF UNDER YEAR	IF UNDER 24 HRS.
		FEMALE	CAUC	ASIAN		5-1-98	last but	O YRS.	MONTHS QAYS	HOURS M N
Nou Se	7o.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIED N	IEVER MARRIED	9. COUNTY OF DEATH			
24 H		fillrel Md.	USA		WIDOWED 🔀	DIVORCED	BALTIMO			Md.
within 24 hours after death shifted in by the meral bon papers. Pages and within 72 hours on debth		CITY OR TOWN OF DEATH BALTIMORE	give stre	et öddress) T. BALT	STITUTION (If not in MED C	ENT duriya Ma	L OCCUPATION (Kind at was a life, even i	ork done fretired)	12b. KIND OF INDUSTRY	BUSINESS OR
e executed within 24 hand completely filled in remove carbon papers.	13a adm	USUAL RES DENCE (Where deceasinssion) STATE Md.	sed lived, if institution 13b. COUNTY	Balto.	Reister			iumber inste	r Road	
ond con remo	14.	FATHERS NAME First Abnahan	Mrddle	Water	IS. MO	THER'S MAIDEN NAME FIR	est beth	Middle	Stre	Last
ficote l ysician please ol, and	160	WAS DECEASED EVER IN & S AR/ (es, plp, or unknown) (1 yes give v	MED FORCES? war or dates of service)	66 SOCIAL SECURITY 213-36-12				Address Balti	more, /	
PHYSICIAN: The low requires that the death certificate be exerused within 24 house hospital or attending physician. This certificate has been signed by the attending physician and completely filled in by stacked for use as the buriol-transit permit. Then please remove carbon papers. Dept. of Bealth prior to buriol, cremation, or removal, and in any event, within 72 hours.		IB CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove use to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT COM	DUE TO, OR AS (c) H.	CARDIA A CONSEQUENCE OF MYOCARD A CONSEQUENCE OF EART FA	C ARRE IAL INF ILURE	ARCTION	INDITION G.VEN IN PART	(a)		MATE INTERVAL MSET AND DEATH
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CIAN: The itial or at tificate he differ use of Ilealth	MEDICAL CER	21 a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF ORAI (If either, notify medical exami	TH HOUR A.M.	UURY Manth Day Year I			nature of injury in Part 1	ar Part 2,	Item (B.)	
ing PHYSIC by the hospit fler this certi be detached State Dept. af	WE	21d .N.JRY OCCURRED 21e. While Not while	. PLACE OF INJURY (AT	HOME, FARM, STREET FA FICE BUILDING, ETC	CTORY) 2H. LOCATIO	ON Street ar R.F.D. No.	City or Town		County	Stote
Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for ushauld be filed with the State Dept. at IIeal		22a. I certify that (I) (the saw the deceased a causes stated above	nis haspital) attendible an 4- sc(b) (we) (dus) (d	ded the deceas 29 ptnot/view the	ed fram	-16 , 19 6 at in (my) (aur) opin h.	9, ta 4-29 nian death accurred	, 19! an the do	te and haur	★) (we) last and fram the
AL OR A by be refugee 3 stilled will		22d PHYSICAD S	reof		DEGREE	ATTENDING ME PHYS DIF 22e ADDRESS	ED STAFF RECTOR PHYS		4-29	-69
SPIT, 4 mg VERA Or, F		NAME (EYDOY / 4/	1/10 6.	Nous	M.D.		1 N CHARL			
TO HOSPITAL Poge 4 may TO FUNERAL I director, pag shauld be fil	23a	BURIAL, CREMATION, 23b	DATE 4 2, 1969		cemetery or crem none Nati	ional	23d LOCATION (City or Baltimore			(State)
VR A15 24	24	FUNERAL DIRECTOR & So	ons Reiste	ADDRESS erstown,	Md.	250 RECD BY	REGISTRAR 25h	EG STRAR S	SIGNATURE	in .



1		IVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL		05130
1 DEC	CENSED-NAME First ype or print)	Middle	ERTIFICATE OF DEATH	20. DATE OF DEATH APRIL Do Do	Yeor 2b HOUD
3. SEX	MALE	HENRY 4 RACE WHITE	NAYLOR S. DATE OF BIRTH 9/15/92	6. AGE (In years .os/yog/hday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MIN
count	ENNSYLVANIA	U.S.A.	8 MARRIED NEVER MARRIED D VORCED D	9. COUNTY OF DEATH BALTIMORE	Md
F	Y OR TOWN OF DEATH ORT HOWARD	11 NAME OF HOSPITALE PAPE ADMINISTRATIO	N HOSPITAL	UAL OCCUPATION (Kind of work done most of work ng life, even if retired) ARMER	12b KIND OF BUSINESS OR INDUSTRY
odny	ARYLAND	Irvet, if institution Residence before LAD COUNTY CARROLL	HAMPSTEAD YES [10 X Rt. 2	
14 FA	ATHER S NAME First HARRY	Middle lost NAYLOR			BLACK Lost
16o. Ye	WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (If yes give war all WW-	FORCES? 16b SOCIAL SECURITY N 217 30 294		, VA MOSPITAL, FO	
	PART I DEATH WAS CAUSED B H 1 2 3 IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause last.	CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) PULMONARY DUE TO, OR AS A CONSEQUENCE OF (c) ARTERTOSCI	erorto heart dise	ASE	APPROXIMATE INTERVA, BETWEEN ONSET AND DEATH
	DIABETES ME	LLITUS	T RELATED TO THE TERMINAL DISEASE OF		CALMAN SEES AND A SERVICION AN
RI FIG		NO.T.ON FOR WHICH OPERATION WAS PER	YES 🔣 NO		
EDICAL	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer) 21d INJURY OCCURRED 21e PLA			er noture of injury in Port 1 or Port 2,	
	22a. I certify that (4) (this I	haspital) attended the decease an April 7 19	d from Mar. 6 , 19 6 9 , and that in (NY) (aur) and ady after death.	69 , ta April 7 , 19 Dinian death accurred an the di	2_ 69 , that (孝 (we) last ate and haur and fram the
23o	BLRIAL, CREMATION. 23b DAT		22e ADDRESS VA HOBDI EMETERY OR CREMATORY	tal, Fort Howard, 23d lOCATION (Crty or Town)	(County) (State)
24. F	FUNERAL DIRECTOR SEPT Y	2. Zenners ADDRESS	Md 21224 250 RECD	BY REGISTRAR 256 REG STRAR S	Maryland signature



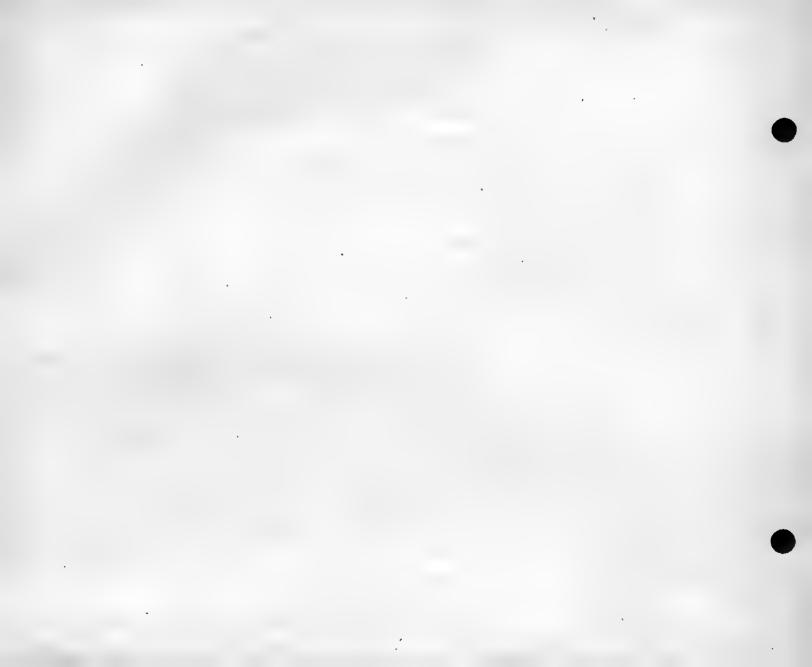
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05131 CERTIFICATE OF DEATH 1 DECEASED-NAME M.ddle 20. DATE OF DEATH death. be executed within 24 haurs after death. and (Type or print) Gentrude Mildred 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years by the f hauridhe lost burthday) DAYS **HOURS** White YRS 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (quntry) and campletely filled in Baltimore director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers, shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 f WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 2a USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR during/most of working life, even if retired.) INDUSTR'Own Home Monkton 13c. CITY OR TOWN 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b COUNTY Monkton 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First attending physician sermit. Then please OR ATTENDING PHYSICIAN: The law requires that the death certificate 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes no, or unknown) (If yes give was or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH signed by the attendit burial-transit permit. Mr. Policein IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS/A/CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO P would 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day MARIO (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. State INJURY OCCURRED City or Town County While Not while 22a. I certify that (I) (this hespital) attended the deceased from .1964, and that in (my) (est) apinian death accurred an the date and haur and fram the saw the deceased alive an_ causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED STAFF PHYS. ATTENDING DEGREE DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) 23o. BURIAL, CREMATION RMOVIN (Specify) (eneteru 25b REGISTRARS S GNATURE

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1	III	tems 23a, 23b, 23c, 23d MARYLAND STATE DEPARTMENT OF HEALTH Lingli 2 5/19/40141510N OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05/32
		tem24 FilmC412 5/8/69 kk CERTIFICATE OF DEATH	0010%
24 haurs after death. 24 haurs after death. 25 base I and 2	1	PLACE OF DEATH O. COUNTY Baltimore 15140 MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution Residuncy of STATE Maryland A COUNTY	,
aurs off		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) (a+onsville 3 yra Baltimore	
fifth 24 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddfbss) Torest Haven Navsing Home Balto. City Hospital	ON A FARM? YES NO X
ute be executed within can and campletely fills edse remave carban padnd in any event, within	5.	NAME OF DECEASED (1/290 or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n year) IF UND	Day Year 27 19 6 9 DER I YEAR IF UNDER 24 HRS.
execut nd cam remave		Male W WIDOWED \ DIVORCED \ 5-28-1888 lost birthdoy) Month	
ertificate be ex physican and merpledse rem aval dad in an	du	ring most of working life, even if retired) INDUSTRY LugoSlau: a FATHER'S NAME 14. MOTHER'S MAIDEN NAME	COUNTRY? U.S.
h certifi may phy	L	Wickoless Joe Mary? WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address	
e death attendir		es, no, ar unknown) (If yes give war or dates of service)	ATTENNA DETAIL
the the mater		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OSERALE TO LINE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUT TO OSERALE TO LINE OF THE CAUSED BY DUE TO DUE TO DUE TO DUE TO DUE TO LINE OF THE CAUSED BY DUE TO DUE T	INTERVAL BETWEEN ONSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health prior to burial, cre		rise to immediate cause (a), stating the underlying cause	
law endin bee is th		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19 WAS ALTOPSY
V: The ar ath one to the has to the has to the has a truse of the part of the	ICATION		19 WAS ALTOPSY PERFORMED? YES NO
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NG PH y the h er this e detac	MEDIC	Hour 'a.m. p.m. 19 While Not While of work foctory, street, office bldg., etc.)	(County) (State)
TENDI ined b OR: Aft guld b		21. I certify that (I) (this bespitet) attended the deceased from 3/28, 1966, to 4/2, 1 saw the deceased alive an 3/28, and that death accurred at 220M, from causes and at	
OR AI be reta DIRECTO		M.D ATTENDING MED. DIRECTOR STAFF PHYS	DATE SIGNED
O HOSPITAL Page 4 may O FUNERALI director, pag		22c. PHYSICIAN'S NAME (Type) SPORT M. SHAWL M. A SOUND SINGUISON ALE	144 - 78 AV
Birect Con	23	o BURIA, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVA: (Specify) May 1969 Anatomy Board of Maryland Baltimore	(County) (Stote)
VR A15 (4)		4 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 ARGUSTRAR	SSIGNATURE
25M 1/67	H	Subbard Funeral Home-4107 Wilkins Ave. Balto. Md DAMAY 5 1969	0



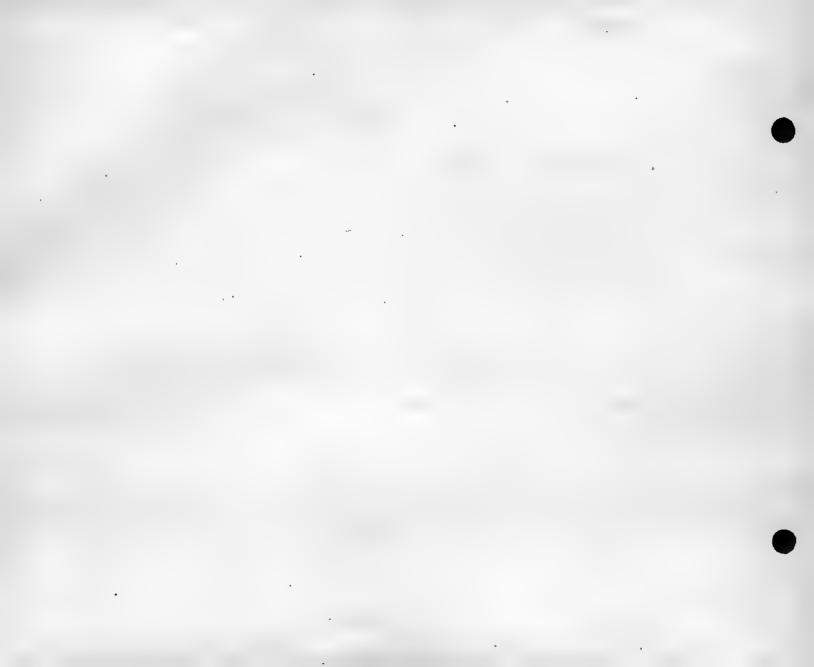
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05133
HEALTH DEPT.		ECEASED NAME First Middle Last 2a DATE KNOWN Manth	Day Year 2b HOUR
ta af	(Type or Print) ANN M. Nickolson DEATH MATED ARE	16 18646 DM
d 3 d 3 . Pa	3 5	A September of Securities of Securities and Securit	2d HOUR
iny delay 15 2, and 3 ta PM3. Page partment of		emale White Nov. 4, 1899 69 YRS	Year 1869 6 75 M
	7o l	BIRTHPLACE (State or foreign 7b (1) ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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まる者(S欄)	10 (divining most of working the even if retired	126 KIND OF BUSINESS OR INDUSTRY
ive P	12.	UINGS M. //s UN PROJECT INSTITUTION, Residence before 30 CMT OR TOWN 13d MISSIEL AND NUMBER	INDUSTRY Home
24 hours after death in Item 18. Give Pages 1, 's Office along with forms 1 and 2 with the State Deriv after death		dmission) STATE Md 13b. COUNTY BALLIMORY OWINGS MILLS YES NO XI CHARDS Chap	el Road
hours Item 18 Office 1 and 2	14 F	ATHER'S NAME First Middle Lost TS. MOTHER'S MAIDEN NAME First Middle	Last
24 h 10 th 10 s 10 10 s af		JOSHUA L. Green MARY - H	erbert
		WAS DECEASED EVER IN U.S. ARMED FORCES? (6s na, or unknown) (If yes give wor or dates of service) ADDRESS OCULIANCE O	104:11 04.1
within pencil examina File page 72 hau		(if yes give wor or dates of serves) - MRS. HAROLD Grimes Owings	Mills, Md.
B. E. E.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
xecute nding : Medica permit		PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Coronary Ortony Disease	24/201
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This certificate should be executed cate, writing the ward "pending" in be farwarded to the Chief Medical E be used as a burial-transit permit. Fir remayal, and in any event within		stoting the underlying couse Due to the goal consequence of	18 ms.
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certifi arwar used mava	FICATION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	CAL CERT	210 EXTERNAL CAUSE WAS 21b. TIME OF IN. URY Month Doy, Year 2.c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, the PRIMARY OR CONTRIBUTING HOUR A.M.	em 18.)
INER: e cert shau! files. 3 sha ation	MEDICAL	21d INJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
E + 4 P E P		WHILE NOT WHILE factory, office building, etc.)	
please execute director. Page retained for you. DIRECTOR: Page or to burial, cre		22a. I certify that I taok charge of the remains described above, held an Autopsy 🔲, Inspection 📈, Inquiry 🛣	ond in my apinian
tor.	1	deoth resulted fram. Notural causes 📈 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner	
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rry, peral be re		SIGNATURE MD ASSISTANT MEDICAL EXAMINER	SIGNED _ 19
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TO DEPUTY SICA necessary, please e. the funeral director. 5 may be retained TO FUNERAL DIRECT Health prior to but	230		(Caunty) (State)
F	130	AMOVAL(Streetly) 4-19-69 Mt. Olive Cemetery Randallstown	, m1
20	24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250 REGISTRAR 5	
VR A15ME (5)	1>	Harry YU. Haisht stakesville. Mcd. MRR 22 1000 mg	4
MAKET DOD 4 4	-) - 1000	he Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05142 CERTIFICATE OF DEATH 0513 DECEASED NAME First M ddle Last 2a. DATE OF DEATH executed within 24 haurs after death. 2b HOUR (Type or pnnt) Anna Norwitz April Emma 1989 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF JINDER YEAR Female Caucasian 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED signed by the attending physkiae and lampletely filled in burial-transit permit. Then please remave carban papers and in-dny event, within 72 h Maryland U.S.A. Baltimore County WIDOWED K DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR Balto. Randallstown Co. Gen. Hosp. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d MSIDE GITY LIMITS? 13e STREET AND NUMBER 1.83b. COUNTY Baltimore YES 🟋 14 FATHER'S NAME Middle Last S. MOTHER'S MAIDEN NAME FIRST requires that the death certificate be Morris Satisky Miriam XXXXXXX 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO NIR. GERSON NOEWITZ. 2024 CULEBROOK DR. Yes, na ocunknown) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physl director, page 3 shauld be detached for use as the burial-transit permit. Then pleshauld be filed with the State Dept of Health prior to burial, cremation, ar remaval, CAUSE OF DEATH (Enter only one couse per #ne fon(a), (b), angl (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the haspital ar attending physician. stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🖂 YES [21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City of Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 19 62, and that in(my) (aur) apinian death occurred on the date and haur and fram the saw the deceased alive an. causes stated obove, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE MED DIRECTOR DEGREE BALTO. CO. GEN. HOSP. 22d PHYSICIAN S NAME (Type) G. NEARFON 23b DATE 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) BALTIMORE, MARYLAND 4-14-69 BNAT ISRAEL ADDRESS 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD DATE



	MARTLAND STATE DEPART	
7	05143 DIVISION OF VITAL RECORDS, 301 W. PRESTON S	
1	CERTIFICATE OF	DEATH 05135
新 三名号	I. DECEASED-NAME First Middle Lost (Type or pnnt)	20. DATE OF DEATH 2b. HOUR
B B B B	FRANCIS J NOWLAN	VD 4 Month 28 Doy 69 Year 4P M
A Straight	3. SEX 4. RACE S. DATE OF	BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
the the rs age		-14-24 lost birthday) YRS. MOMINS DAYS HOURS MIN
24 haurs din by the pers. Page 72 hours	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER M.	ARRIED 9. COUNTY OF DEATH
24 th	Md. N.A. WIDOWED DIV	ORCED BALTIMORE Md
filled pape thin 72	D. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital	120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
within within bon po		EN during most of working his event retired)
Retuted with transfer of the campletely have carbon with event, with the carbon of the	30 USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN admission) STATE 13b COUNTY	13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
and cample emave co	ma. Dallinorl	YES NO 120770 Grassist
an de	4 FATHER'S NAME Arist A Middle Lost IS MOTHER'S	MAIDEN NAME First Middle Last
be and a see a	William F. nowland the	ya nelson
requires that the death certificate be executed within 24 haurs after Jean g physician. Signed by the attending physician and campletely filled in by the unital burial-transit permit. Then please remave carbon papers. Pages Fand a burial, crematian, ar remaval, and in any event, within 72 hours after death	16a. WAS DECEASED EVER IN . S. ABORED FORCES? Yes, no, ar unknown) (11 yes gg/war ar dates of service)	Address a fore
he death certific i attending phys permit. Then p ian, ar remaval	MAD (u	Para Newland
and the man	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY	APPROX.MATE INTERVAL BETWEEN CHIST AND DEATH
end mit.	IMMEDIATE CAUSE (0) CA OF LUNG WITH N	METASTASIS
he of the per	DUE TO, OR AS A CONSEQUENCE OF	
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IAN Idea far far He		CENTRED (Enter nature of injury in Port 1 of Port 2, Ifem 18.)
rSIC aspiration certification fred t. all	G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19	eet or R.F.D. No. City or Town County State
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ATENDING etained by th CTOR: After t shauld be da	22a. I certify that (I) (this haspital) attended the deceased from 3-2-saw the deceased alive an 4-28 19 69, and that in (I	(aur) apinion death accurred an the date and hour and from the
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O HO Page O FUN direct	230 BUR AL (REMATION, PENDATE) 236 NAME OF CEMETERY OF CREMATORY	23d LOCATION (City or Jown) (County) (State)
5-5-1	24 SHIFRAD DIRPOOR D ADDRESS.	250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE
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V// 07	House the said	DATE



	1			ND STATE DEPARTMENT OF		
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•	L	05144		CERTIFICATE OF DEATH		05136
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att perr perr		117X	DUE TO, OR AS A CONSEQUENCE O		2 1	
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IAN al cal ficat far He		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yes	or Thom INJORT OCCURRED (EIII	er noture at injury in Pan 1 or Pan 2,	, 17etti 18.)
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OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the		22b. SIGNATURE	OFL H	ATTENDING	MED STAFF	DATE SIGNED
bire or bire or bire		22d. PHYSICIAN'S	11.	DEGREE PHYS. L	DIRECTOR L PHYS. L	77 (7 /0/
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Page shauld be filed with the State Dept. of Health priar to burial, cremotian, or removal, and in any event, within 72 haurs.	220	BURIA., CREMATION, 23b. D		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
Page Page dire	230	REMOVAL (Specify) 4/		edral Cemetery	Th. 12	Balto Md
F - F	24.	FUNERAL DIRECTOR	ADDRE		BY REGISTRAR 25b. REGISTRAR	
30M REV VS	M	itchell Wied	efeld Home 650	O York Rd. DATE PR	1 8 1969 25b. REGISTRAR	nes judge



		05145	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	05137
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth etained by the hospital or otherding physician. CTOR: After this certificate has been signed by the otherding physician and completely filled in the funeral should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages I and 2 with the State Dept of Health prior to buriol, cremation, ar removal, and in any event, within 72 hours after death.		ECEASED-NAME First (ype or print) David	A Middle	Donoghue	20 DATE OF DEATH 25 Doy	6 year 12 m
be executed within 24 hours after deoth odd completely filled in the funeral remove carban papers. Pages 1 and 2 in any event, within 72 hours after deoth.	3 \$	Male	4 RACE White	S DATE OF BIRTH	-99 6 AGE (n years last birthday) YRS.	F JNDER 1 YEAR F JNDER 24 HRS ADNIHS DAYS HOURS MAN
d in	can	Baltimore	76 CITIZEN OF WHAT COUNTRY? U.S.	B. MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Baltimore Cou	nty Md
ely filled ban pape within 72	Ra	TY OR TOWN OF DEATH		Gen. Hospital during r	that OCCUPATION (Kind of work done must of work ng ofe, even if retired) Carpenter	12b. KIND OF BUSINESS OR INDUSTRY
omplet ove car r event,	l3a adm	USUAL RESIDENCE (Where decease issian) STATE Md.	d tived, if institution Residence before		NO 7407 Digby	Rd.
in any	14.	ATHERS NAME First	Middle Last	15. MOTHER S MA DEN NAME		Lost
ono	160	WAS DECEASED EVER IN U.S. ARMS (es, no, or unknown) (If yes give we	C O Donoghue FD FORCES? I 6b SOCIAL SECURITY 2 14-06-05	NO 17. INFORMANT	Address Donoghue -7407 Di	
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nepi	W	21d INJURY OCCURRED 21e. F While Not while ot work at work	PLACE OF INJURY (AT HOME, FARM STREET, FA OFFICE BUILDING ETC	(TORY) 21f LOCATION Street or R.F.D. N	o City or Town	County State
h the Stat		sow the deceosed oli couses stoted obove,	hospital) attended the decease ve on (I) (we) (did) (did not) view the	9(ond that in (my) (our) or	pinion deoth occurred on the dote	, that (I) (we) lost e and hour and from the
TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept of Health prior to buriol, cre		22d. PHYSICIAN'S NAME (Type)	with Sapano	DEGREE ATTENDING PHYS. 22e ADDRESS	MED STAFF DIRECTOR PHYS 1220 DE	4-25-47
Should b	23a	BUR AL, CREMATION, 23b D		CEMETERY OR CREMATORY ne Cemetery	23d 10CATION (City or Igwn) Baltimore, Mary	(County) (State)
VR AIB 4	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D	BY REGISTRAR 2Sb, REGISTRAR S SI	IGNATURE
W INSK	A	rmacost Funer	al Chapel-4600 L	iberty Hts DATE AP	R 2 8 1969 Jelian	les Judge

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, 1			ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BAL		
-//	05146		CERTIFICATE OF DEATH		05138
death. Ferol And 2 death.	1. DECEASED-NAME (Type or print)	First Middle Martin S.	lost O lson ä r.	20. DATE OF DEATH Month	25 1969 2b. Hour M
urs after death.	3. SEX Male	4. RACE	S. DATE OF BIRTH	6 AGE (In years last bothday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
hours in by ers. Po	70. BIRTHPLACE (Stole or foreign country) Baltimore	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 1 NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore	
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physician o physician o en pleasem aval, and in	Samue 160. WAS DECEASED EVER IN U.S Yes, no. or Londrown) (1179 Yes		NO. 17. INFORMANT	Sarah Olson 8569 Water	Vak Road 21234
it the death a the attending isst permit. The matian, ar rem	PART I. DEATH WAS C 4 / 3 Cond tions, if ony, which s rise to immediate couse stoting the underlying co	MEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O (o). (b) (b)	Wester Lead	CONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 32.
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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should shauld be filed with the			22e ADDRESS 8100 Harf	End Road 21234 [23d LOCATION (City or Town)	(Eounity) (State)
VR A15 A SOM REV. VA	REMOVAL (Specify) 24. FUNERAL DIRECTOR Lassahn Funer	4-28-1969 More	D 1 03004	Baltimore BY REGISTRAR 25b. REGISTRAR 2 0 1000 ////	



			MARYLA	ND STATE DEPARTMENT OF	HEALTH	
		A 2 4 4 4 4	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
		05147		CERTIFICATE OF DEATH		05139
± -4_€ "		CEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
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- B	3. 5	Female	4 RACE	S DATE OF BIRTH	6. AGE (In years last but hedgy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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24 h		offinore, nd	USA	WIDOWED . DIVORCED	Balt imore	Md
within within by fille ban pa	B.	of finera Mol.	giye street address)	NSTITUTION (If not in baspital 20. U	SUAL OCCUPATION (Kind of work dane mast of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
/	13a	LSUAL RESIDENCE (Where deceasission) STATE	ed lived, if institution: Residence before 13b COUNTY	13c CITY OR TOWN 13d INSIDE CI	13e. STREET AND NUMBER NO 14 10 340	5 Kimble Rd
any any	14	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAM	E First Middle	(7) Lost
be and		William	137/13	morg	Gehb	XXXXX.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the hospital or attending physician. INTECTOR: After this currificate has being signed by the attending physician and complese 3 shauld be detached far use as the burial-transit parmit. Then please remave cased with the State Dept. of Health prior to burial, cremation, or removal, and in any even		WAS DECEASED EVER IN U.S. ARA	IED FORCES? OF OF dates of service) 16b SOCIAL SECURIT 2/2-30 8		R Tres 34 Address	intle KL
certi g ph rhen mov	F	18. CAUSE OF DEATH (Enter on	y ane cause per line/far (a), (b), and (1 (163. 100.1111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath indir	ı	PART I. DEATH WAS CAUSEI	BY: TE CAUSE (c) HATERION	lecota Cardia	rascular den	and Class
e de affei an, o		4/24	DUE TO, OR AS A CONSEQUENCE O	F		
the sit p		Conditions, if any, which gave	(h) a	(U
that an. by I rans		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F ο		
res /sici		lost.	(c)			
nba.		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE (DR CONDITION GIVEN IN PART 1(a)	
ding ding sellin the	ĕ	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS	CONCIDERED IN CERTIFYING
The law ratending attending hims belief se as the the prior ta	CERTIFICATION	1/2 1/1.9- 1	X D Co -	YES NO	CHUCCO OF BEITHO	CONSIDERED IN CERTIFICIA
or o		216 ACCIDENT WAS UNDERLYIN	G 215 TIME OF INJURY	21c HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2,	Item 18.)
CIA Tiffic Tiffic Tiffic Tiffic	MEDICAL	OR CONTRIBUTING CAUSE OF GEAT	orl (PM) 44 // 64	1969 / you (c	n bed	
PHYSICIAN: he hospital or this currificate letached far us Dept. of Health	ME!	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM STREET OFFICE BUILDING ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	No City or Town ESSEX KOAD.	County State
A the state of the			NURSING HOW (Call	encholds - HIOS	1/25 to 4 /27 10	GS that (I) (wo) last
ENDIN ned by Ne. Afti old be the Sta		saw the deceased a	live an 4 22	sed from / 2 / 2 , 19 19 64 , and that in (my) (our) (a body ofter death.	ppinion death occurred on the do	ate and havr and from the
ATT ATT Share stair share shar		22b. SIGNATURE			22c.	DATE SIGNED
OR be r		4 Plet 1	Sulleroge	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	7/27/69
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this curificate has belien signed by director, page 3 shauld be detached far use as the burial-transuld be filled with the State Dept. of Health prior ta burial, creating		22d. PHYSICIAN'S NAME (Type) E//, E	+ MENKOWI	12 220. ADDRESS 372	ENCHANTED Allsk	Ocerup Mile
HO.	23c	BUR AL, CREMATION, REMOVAL (Specify) 4 = :		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
22 2 2 2				aine Cemetery	Baltimore, M	aryland
VR ALL	24	FUNERAL DIRECTOR	ADDRE	SS 2Sq. REC	D BY REGISTRAR 25b. REGISTRAR 5	
30M REVI AB	1	Armacost Fune	ral Chapet-4600	Liberty Hts. APR	130 1969 Million	By Yeemale .

: . 1 , IF. 12

	Items 1813 FilmGill MARYLAND STATE DEPARTMENT OF HEALTH	
4.	14/14/69 kk Preston Street, Baltimore, Maryland 21201 CERTIFICATE OF DEATH	05170
. ~ :	1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH	05140 2b. HOUR
death. nera! and 2 death.	(Type or print) Mooth	3 69 630A.M
er death funeral 1 and 1er death	Temple Vemple Mae Osburn 4 3 SEX SATE OF BIRTH 6. AGE (in years)	IF UNDER I YEAR F JINDER 24 HRS.
s after	Female Cau 3/30/75 lost hirthdoxy) 94 YR	MONTHS DAYS HOURS MIN
Sin (See See See See See See See See See Se	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
24 haurs after death sour by the funeral horses I and 3 horses I and 3 horses after death	Tenn USA WIDOWED DIVORCED Balt tmore	M-d
filled filled from property	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work don	12b KIND OF BUSINESS OR
within fille bon po pon within	Woodlawn 126 Woodlawn Ave during most of working life, even if refired.	Own Home
competety with	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET AND NUMBER."	11. Northeast
A eve	oddission) gale Mid 130 Date Balt Moodiawd Are No A Salda 148	/#/\/\/ 26th
S P S S	14 FATHERS NAME First Middle Lost 15. MOTHERS MAIDEN NAME First Middle	Lost
an c an c ase	William Weaver Virginia Edwards	
icat Vsici plec	166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po, or unknown) (II yes grow worr or doftes of service) NO (II) Yes grow worr or doftes of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Anna Lee Muhn 138 NE 26th S	
phy hen hen		APPROXIMATE INTERVAL
ding ding	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
dea then trm!" n, ar	DUE TO, OR AS A GONSEQUENCE OF	2.110
the action of the orthographic control or the orthographic	Canditions, if any, which gove	2034.
hat by th ansie	nse to .mmediote couse (o). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
es 1 sicio ed 1 ed 1 al-tr	lost. (c)	
physician. physician. signed by the attending physician and campetely filled burial-transit permit. Then please remove carbon page burial, cremation, ar removal, and in any event, within the please remove carbon page burial, cremation, ar removal, and in any event, within the present of t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding ding the the	NO.	
The law ratending has been se as the h priar to	CANEER OF DEATING	S CONSIDERED IN CERTIFYING
Transaria sa	YES NO NO NO TALE CAUSES OF DEATHY 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY DECURRED (Enter nature of injury in Part 1 or Part	2 Hans 19)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and complete 3 should be detached far use as the burial-transit permit. Then please remaye and with the State Dept. of Health priar to burial, cremation, ar removal, and in any even	S OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Doy Year	z, nem ro.)
aspir certing t. of	Tor contributingcause of Death HOUR A.M Month Doy Yeor 19 It either, notify medical exominer) P.M. 19 21d. INURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, Value of the control o	County State
5 PHYSIC the haspit this certit detached e Dept. of	While of work of work of work	
NG the terminate of the december of the decemb	22a. Certify that (1) (this hospital) attended the deceased from 2 - 20 196/ to 4 - 3 -	19 <u>6</u> 4, that (I) (We) last
ed to the State of	sow the deceased clive on	dote and hour and from the
R ATTER refaine RECTOR: 3 should with th		2c. DATE SIGNED
DR Per	Telane & Sollage Dr. Specific Degree ATTENDING DIRECTOR DIRECTOR PHYS D	4/3/69
AL AL O	22d. PHYSICIANS 22e. ADDRESS	170700
PIT med be d be	NAME (Type) Wilmer K. Gallager Sr M.D. 6209 Frederick Ave Balt	Md 21228
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending O FUNERAL DIRECOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to	230. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify) Burial 4/7/69 Miami City Cemetery Miami Florida	
VR A15 (4)	24 FUNERAL DIRECTOR 105 O VON 1 ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR	KS SIGNATURE
30M REV 1/68	Wm. Cook-Brooks Towson Inc Balt. Md. 2120 PAIF APR 7 1969	0 0



1/1	A W 4 # A		301 W. PRESTON STREET, BALTIA		
	05149		CERTIFICATE OF DEATH		141
1	DECEASED NAME First (Type or print)	Middle ESSIE E	Lost PA INTER	2a DATE OF DEATH 4 Month 4 Day	69 ^{Yeor} 6:45 ^M
	FEMALE	4 RÁCE CAUCASIAN	S DATE OF BIRTH 4-26-1890	6 AGE (In years III MC 78 YRS.	UNDER I YEAR IF UNDER 24 HRS. OAYS HOURS MIN
70	BIRTHPLACE (State or foreign Sunitry) New York	USA	WIDOWED TO DIVORCED	BALTIMORE	Md.
	BALTIMORE	INAME OF HOSPITAL OR INS	MED.CENT. dur ng mg	OCCUPATION (Kind of work done staf working life, even if retired) OUSEWITE	126. KIND OF BUSINESS OR INDUSTRY
13 ad	a USUAL RESIDENCE (Where deceased tm ssion) STATE Md •	lived, finstitution Residence before 13b COUNTY Baltimore	13c CITY OR TOWN 3d INSIDE CITY LIM		9
14	FATHER'S NAME First James	Middle Lost Fraser	15 MOTHER'S MAIDEN NAME For	Unknown	Lost
18	oo. WAS DECEASED EVER IN U.S. ARME Yes, na or unknown) (1 yes give wor	D FORCES? Or dates at service) 16b SOCIAL SECURITY I	Mr. Robert L. P	ainter,7414 Phila	. Rd. 21237
2	Conditions, if any, which gave rise to immediate cause (o), storing the underlying cause last. PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF (b) ESSENTI DUE TO, OR AS A CONSEQUENCE OF (c)	VASCULAR ACCIDENTAL HYPERTENSION Of related to the terminal disease or (o		BETWEEN ONSET AND DEATH
CEDTIEICATION	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 2Do. AUTOPSY? YES \(\square\) NO \(\square\)	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Manth Doy Year P.M. 19	· ·	nature of injury in Port 3 or Port 2, Itel	n (B.)
2	While Not while		30RY.) 21f LOCATION Street or R.F.D. No	· ·	County State
	22a 1 certify that (1) (this saw the deceased all couses stated above.	haspital) attended the deceose ve an1 (1) (we) (did) (didat) view the	ed from <u>3-26</u> , 19 <u>6</u> 9 <u>69</u> and that in (prok(aur) apin body after death.		
	22b SIGNATURE	ul she			TE SIGNED -4-69
	NAME (Type) DR.	GEORGE PIKLER		N CHARLES ST E	
		8/69. Baltimo			
24	FUNERAL DIRECTOR	ADDRESS INC 53U5 HA	CFORS LA APR	7 1969 Schools	Judge



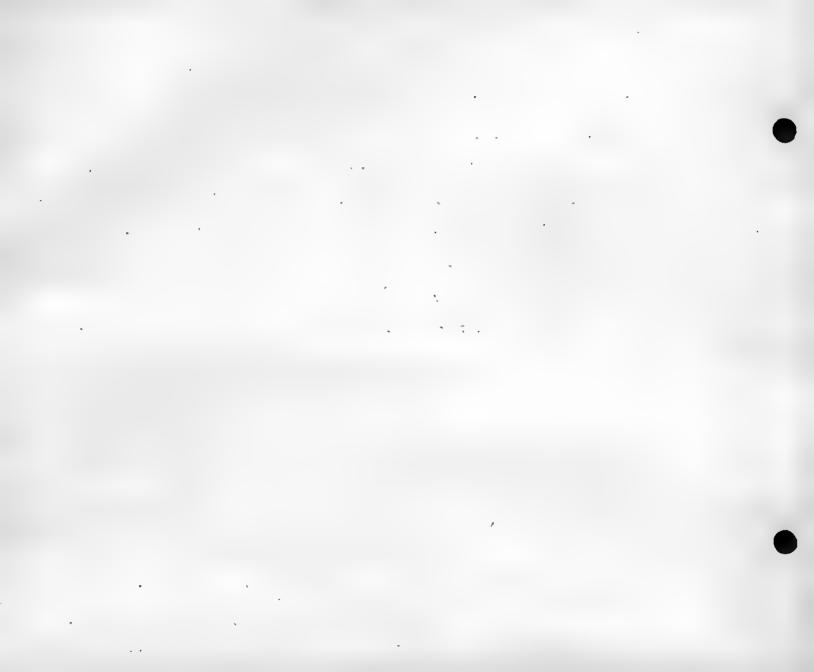
05150		301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH		05142
1 DECEASED-NAME (Type or print) Inv.	ALI-ALI-A	lost Palmer	20 DATE OF DEATH April Month 20,1	2b. HOUR
3 SEX Male	4 RACE (White	S DATE OF BIRTH August 4, 1	6. AGE (In years last highday)	IF UNDER YEAR F UNDER 24 HRS MONTHS DAYS HOURS M.N.
70. BIRTHPLACE (State or fareign country acto.	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH Baltimore	Md.
10 CITY OR TOWN OF DEATH Reisterstown	11. NAME OF HOSPITAL OR IN give street diddress y	Road	UAL OCCUPATION (Kind of work don most of work parties, evan if retired	ne 12b. KIND OF BUSINESS OR !NDUSTRY
odmission) STATE Mid.	eosed lived, if institution: Residence before 13b COUNTY Balto.		NO□ 13 Butler	Road
14 FATHER'S NAME First Hiram	Middle Lost V. Pali		First Middle	Shaffer
160. WAS DECEASED EVER IN U.S. Yes/ng. or unknown) (11 yes/g	ARMED FORCES? 16b SOCIAL SECURITY 212-10-80	no 17 INFORMANT 261 Mrs. Bessie E	. Palmer Reiste	rstoun
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAN IMM Conditions, it ony, which go rise to Immediate couse (c stating the underlying cau	I).(D) ATCOTTOSC	Thrombosis	ease	APPROXIMATE UNTERVAL BETWEEN ONSET AND DEATH 5 mins. years
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT N 95. CONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDING	S CONSIDERED IN CERTIFYING
G (If either, notify medical exc	DEATH HOUR A.M. Month Doy Yeor pminer) P.M.	21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Part I or Part	<u></u>
While Not while at work of work 22a. I certify that (I) saw the deceased causes stated about 22b. SIGNATURE		ed from Jan 22 , 19. 9 09, and that in (my) (aur) albady after death. DEGREE PHYS.	69, to Apr. 20, pinian death accurred an the	County State 1969 , that (I) (we) last date and haur and fram the 2c DATE SIGNED -21-69
	b DATE 23c. NAME OF	D. 22e. ADDRESS 59 Hanov CEMETERY OR CREMATORY Caints (emetery	er Rd.Reister 23d LOCATION (City or Town) Reisterstown	(County) (Stote)
	Sons Reisterstown,	Md. 25g PR	BY REGISTRAR 25b. REGISTRA	

MAKTLAND STATE DEPARTMENT OF HEALTH



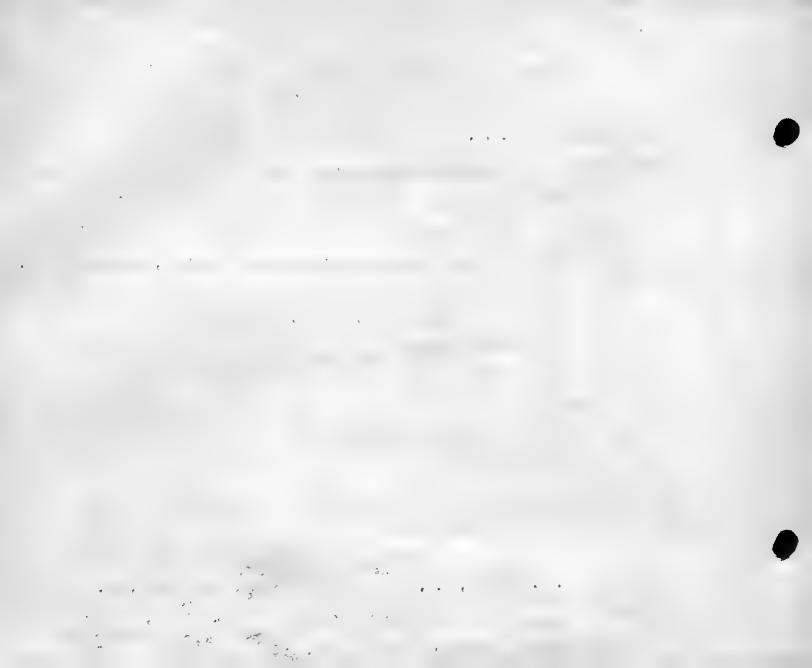
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 23201 05151 05143 CERTIFICATE OF DEATH Middle Lost 2a. DATE OF DEATH I. DECEASED-NAME First 2b. HOUR death. **OR ATTENDING PHYSICIAM:** The low requires that the death certificate be executed within 24 hours ofter death uneral (Type or print) 4. RACE IF LINDER I YEAR IF UNDER 24 HRS 3 SEX AGE (In years MONTHS DAYS lost birthday) YRS. 7o BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT 9. COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED [Baltimore County. WIDOWED [] DIVORCED F IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Mount Wilson 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER director, page 3 should be detached for use os the burial-transit permit. Then please remove to should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any even ottending physicion and comparement. Then please remove odmissian) STATE 136. COUNTY CO IS MOTHER'S MAIDEN NAME HIRST 14. FATHER'S NAME Middle Lost ON 16g_WAS DECEASED EVER IN C.S. ARMED FORCES? 17 (NEORMAN) Address Yes no, or unknown) It yes give war or dates of service) Wilson State Hospital Mt. Records. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave t O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART be retained by the hospital or ottending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION V 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 21a, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. Stote City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1965, to 1965, to 1965, to 1966, that (I) (we) tast saw the deceased alive an 1967, and that in (my) (our) apinion death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE:SIGNED ATTENDING STAFF DIRECTOR K DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) William Newcomer Mount Wilson Maryland 23a BURIAL, CREMATION 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Yown) (County) (State) REMOVAL (Specify) Baltimore Md. Holy Redeemer 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Sons Co. Balto VR A15 (4) 7 80 ns DATEAD 1968



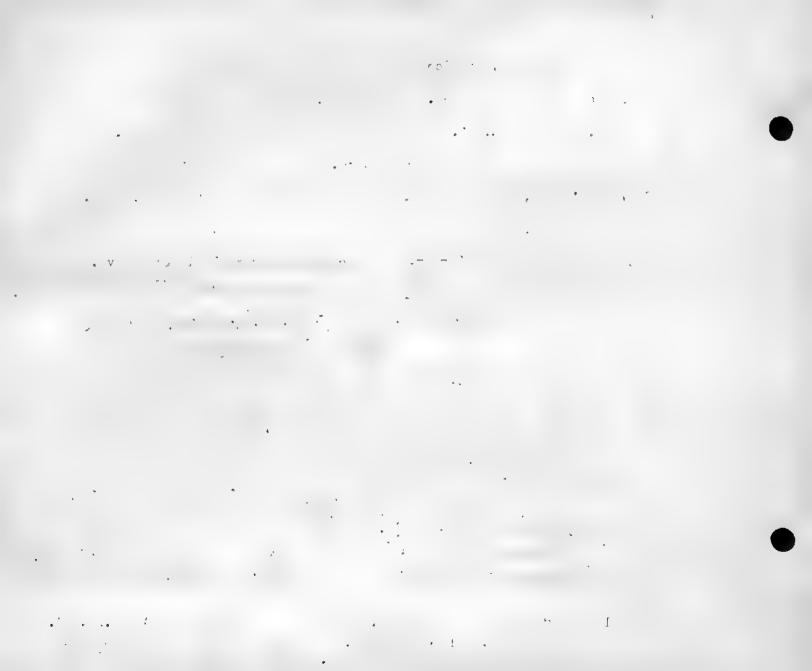




1 2		05154	IVISION OF	MAKTLAN VITAL RECORDS,	301 W. PRESTO			RYLAND 2120)1	
4					ERTIFICATE	OF DEATH			051	46
death. neral and 2 death.		ECEASED NAME Type or print) WILLIA	M	Middle MARION	PEAR		2a. DATE Of Apri	0.0	Doy 1969°01	2b, HOU₽ 7:50 M
the fur	3 5	Male Male	4 RACE White		S DAT	6/22/08		6 AGE (In years BD birthdoy)	TE UNDER I YEAR MONTHS DAYS YRS.	IF JHDER 24 HRS HOURS MIN
In 24 haurs after death. Jed in ex the funeral papers. Pages 1 and 2 hard?		BIRTHPLACE (State or fore gn nfry) MARYLAND	U.S.A.		8. MARRIED NEV	/ER MARRIED DIVORCED X	9. COUNTY OF	DEATH	1100	
THE STATE OF THE S		CITY OR TOWN OF DEATH FORT HOWARD	11 NA	ME OF HOSP TALOP LES treet address) VETE INTSTRATIO	RANS (if not in ho	spital 12a US	UAL OCCUPATION mast of working L ROOM	(Kind of wark d	ed) INDLSTRY	
mpterely vicerboare of corporers of corporer	13a adm	USUAL RESIDENCE (Where deceased isssion) STATE MARYLAND	lived, if instituti 136. COUNTY	an Residence befare	13c, CITY OR TOWN BALTIMOR	13d. INSIDE CITY	LIMITS? 13e. 51	REET AND NUMBE 23 EUTAW	R STREET	APERS
a executed from the control of the c	14.	FATHER S NAME First	Middle	Łast		IER'S MAIDEN NAME		Midd		Last
ian o	160	WILLIAM . WAS DECEASED EVER IN U.S. ARMED	EUD/EC3	PEARS ON			RACE	Addre	BITTI	E
rrifical physic en ple aval, a		Yes, no, or unknown) (If yes give word	er dates at service)	212 03 14			VA Hos		ort Howard	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campy directar, page 3 shauld be detached far use as the bunal-transit permit. Then please remark calculated the State Dept. af Health priar to burial, crematian, ar remayal, and in any event		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE	CAUSE (a)	111,001110.00	and White Course				BEIWIFH OF	MATE INTERVAL USET AND DEATH
hat the n n y the a ansit pe ematia		Conditions, if any, which gave inset a immediate cause (a), stating the underlying causes		ARTERTOS	CLEROTIC	HEART DIS	EASE			
equires that the physician signed by the burial-transit p		PART 2 OTHER STGNIFICANT CONDS	{c}	PULMONAR	EMPHYSE		CONDITION GIVE	N IN PART 1/a		
aw required by the property of	NO!			CH OPERATION WAS PER		o. AUTOPSY?			CARCINEDED IN SEC.	DT-TVING
The large of the l	CERTIFICATION	21a ACCIDENT WAS UNDERLYING				YES NO [CAUSE	OF DEATH?	NGS CONSIDERED IN CE	KIPTING
PHYSICIAN: The law re he haspital ar attending this certificate has been etached for use as the Bopt. af Health priar to	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH		Manth Day Year		JRY OCCURRED (Ent		fy in Part I ar Pa	rt 2 Item 18)	
G PHY: the har this co detach	2	While Not while at work		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		Street or R.F.D. N		or Town	County	State
ENDING ned by R: After uld be the Stat		22o. I certify that (K)(this saw the deceased only couses stated above, (hospitol) atte e on Apr k (we) (did) (nded the deceose	ond from Max	r 17 , 19 in (部y) (our) o	by, to	occurred on th	, 19 <u>69</u> , that le date and hour o	(1) (we) lost and from the
OR ATI		226 SIGNATURE	Men	t m		TTENDING HYS	MED DIRECTOR	STAFF PHYS.	22c DATE SIGNED 4/1/69	··-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creating the state Dept. af Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept. and Health priar to burial, creating the state Dept.		22d PHYSICIAN S NAME (Type) J. D.	TALBER		27 V	Ze. ADDRESS /A Hospit			, Md.	
TO HO: Page 4 direct	1	BURIAL CREMATION, 23b DA' BELYOYA (Localy)	4-69	Baltin	emetery or cremater or cremater or come to the come to	tery	Ba1		(County) Maryland	(Stote)
VR A15 45		FUNERAL DIRECTOR UCK FUNERAL HOME	5305	ADDRESS Marford Ro	Balto, N	Md . DATE	By REGISTRAP 9	69 25h P	Marie Mary and	154 -



· ~ /	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
No.	tem10 Film 2411 4/15/69 kk CERTIFICATE OF DEATH 05147
de ann	CEASED-NAME First Middle Lost 2a DATE OF DEATH (pe or print) Mary L. Peddicord 2b. HOUR
s after de the funer ages 1 ar	Female S. DATE OF BIRTH 1/16/1885 6. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS INCOMPANY IFUNDER 1 YEAR IFUNDER 24 HRS INCOMPANY I
4 hours	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED 2 DIVORCED Balto.
vithin 2 lly fillector pag within	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during most of working most of working most of working most of working deven if retired.) 12b. KIND OF BUSINESS OR INDUSTRY
amplete event,	JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Balto. 13b. COUNTY Balto. 2507 Harwood Rd.
and cond cond in any	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost
ificate (nysician please and and and	WAS DECEASED EVER IN U.S. ARMED FORCES? Is, no. or unknown) (If yes give war or devise of service) 220-05-8537 Gerald Peddicord 3441 Rolandy Ave.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers Pages 1 and should be filed with the State Dept. of Health priar ta burial, cremation, ar remayal, and in any event, within 72 hours after death	18. CAUSE OF DEATH (Enter only one couse per line for (a). (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) License Proposition (c) Lice
t the de the atte sit perm nation, (Canditions, if the which gave rise to mmediate course (a).
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ICIAN: pital ar rifficate d for us of Healt	21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUT NG CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical exominer P.M. 19
PHYS the hast this center the Dept.	21d. INJURY OCCURRED TO PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. Etity or Town County State of work of work
ENDING ed by i	22a 1 certify that (1) (this haspital) attended the deceased from 19 1, 19 2, that (1) (we) la saw the deceased give and 19 2, and that may four) opinion death accurred an the date and hour and from the causes stated give (1) (we) (did) (did poly) by the body after death.
DR ATT PR ECTOI RECTOI 3 should with 1	226. SIGNATURE DEGREE ATTENDING DIRECTOR DIRECT
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar ta	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gty or Town) (County) (State) REMOVAL (Specify) BURIAL 4/7/69 Poplar Grove Warren Balto-Co. Md.
VR A15 4 30M REV	uneral Director aul E. Chenoweth and. 3617 Chestnut Ave 250. REC'D BY REGISTRAR 25b. REGISTRAR 25c. REC'D BY REGIST



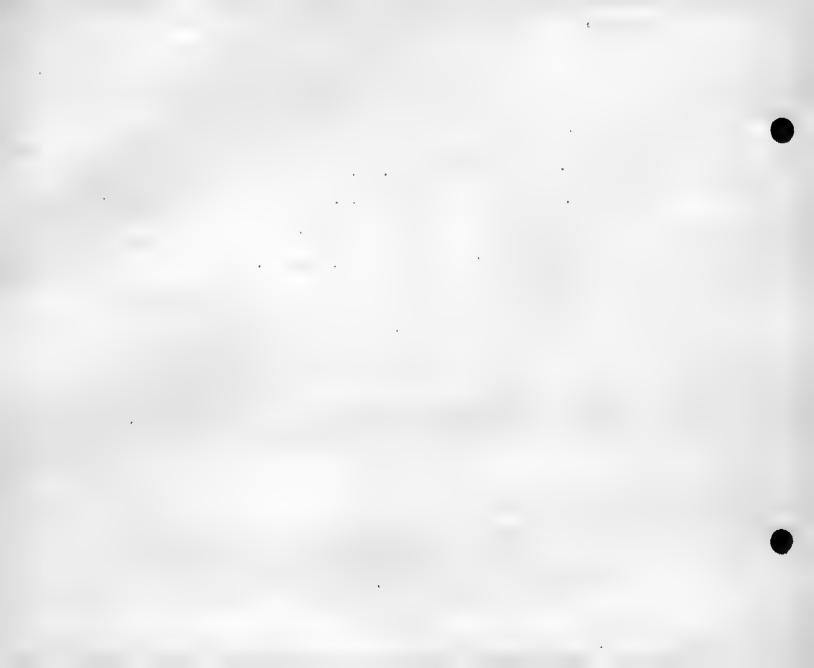
. 1	MAKTLANU STATE DEPARTMENT OF REALTH	
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hacksaffe	FEMALE WHITE JANUARY 18, 1888 lost birthdoy) YRS. MOURS MI	IN
70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
= 0	The I	Md.
. 10	CITY OR TOWN OF DEATH TOWSON 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done give street oddress) ST. JOSEPH HOSPIT Having most of wasking life, a very fretired.) 12b. KIND OF BUSINESS OR INDUSTRY	
- 13 oc	O USJAL RESIDENCE (Where deceased lived, if institution: Residence before Inc. CITY OR TOWN INC. INC. COUNTY BALTIMORE 136 STREET AND NUMBER 4206 BERGER AVE. #21206	
" , [7	THOMAS DIBOYA. ANTONIA SALUVCCI	
1	Sed WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown] 11 yes give well of doles of service) 217-09-2840 WICHOLAS PELLEGRINI 4206 BERGER DUE.	
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TO I GALL	G CONTRIBUTING CAUSE OF DEATH HOUR AM Manth Day Year (If either, notify medical examiner) P.M. 19	
	While Not while Not while	
	220. I certify that (A) (this hospital) attended the deceosed from Farch 23 , 19 69 , to April 7 , 19 69 , that (1) (we) I sow the deceosed alive an April 7 , 19 69 , and that in (1994) (our) apinion death occurred on the date and haur and from the courses stated above, (N) (we) (did) (did) (did) view the body after death.	ost
	sow the deceased drive an Appa Life and hour and from the courses stated phone. (A) (we) (did) (divinit) view the body after depth.	ne
1	22b SIGNATURE - 22c, DATE SIGNED	
1	DEGREE PHYS DEGREE PHYS DIRECTOR PHYS. April 7. 1969	
	22d. PHYSICIAN'S NAME (Type) Beatriz P. Dizon, M.D. 22e. ADDRESS 7620 York Road Towson, Md. #21204	
23	Ba. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
	REMOVAL (Specify) APR 10 1969 HOLY REDEEMER CEMETRY 4430 BELAIR RD DALTO MP	
a 2	4 FUNERAL DIRECTOR ADDRESS 2SG. RECD BY REGISTRAR SCIONATURE	
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220 certify that (1) (this hospital), attended the deceased from Bary 18th, 19 69, to Bary 22, 1969, that (1) (we) los
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saw the deceased alive an 200 1969, and that in (my) (our) apinion death accurred on the date and hour and from the
Causes stated abave, (1) (we) (drd) (did not) view the bady after death.
226 SIGNATURE Sluny For Colle DEGREE ATTENDING MED. DIRECTOR PHYS. 122c DATE SIGNED 4-23-69
220 I certify that (I) (this hospital), attended the deceased from for 1 18th, 19 69, to key 12th, 19th, that (I) (we) los saw the deceased alive an for 19th, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (drd) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED 22c DATE SIGNED 4-23-69 22d PHYSICIAN S NAME (Type) Henryh. McCorkle ma 22e. ADDRESS Phoemx, Maryland (2/131) 23a BURIAL, (REMATION, PROVA (Specify) 4-25-1969 Dulaney Valley Memorial Cockeysville, Maryland
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VR AT JUNE 24. FUNERAL DIRECTOR ADDRESS VR AT JUNE 24. FUNERAL DIRECTOR WM. Wook-B ooks Towson 1050 York Road 21204 DAMPR 2 4 1969 WCLIANTES SIGNATURE DAMPR 2 4 1969



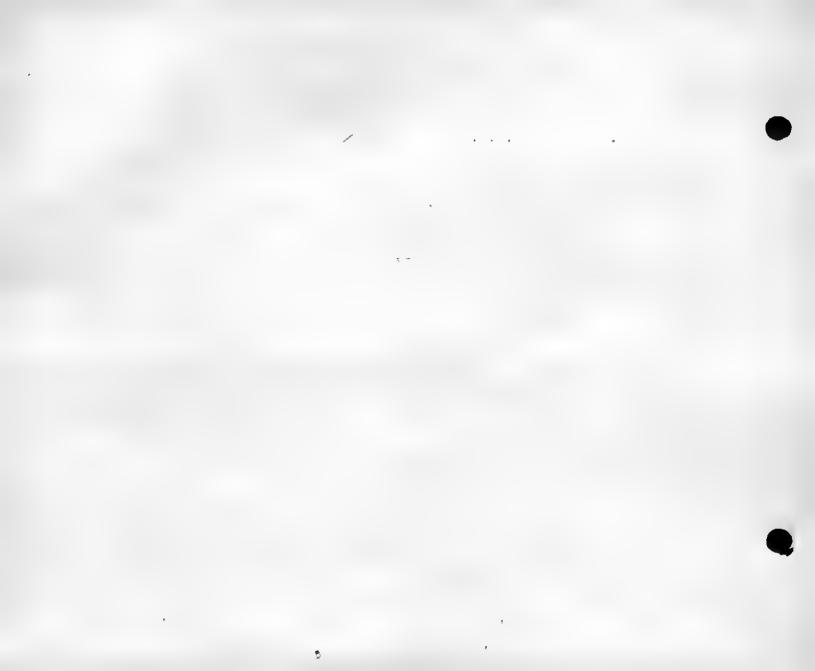
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1	MAKTIANU STATE DEPARTMENT OF HEALTH
1	05159 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05151
7	05159 CERTIFICATE OF DEATH
c 450 c	1 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
to Table	(Type or print) Hazel Mar Phillips Abril 2 18/8/11/94
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ed car car	130. JSJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d IMSIGN CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY 12 COUNTY 12 COUNTY 13c CITY LIMITS?
	md I ree famp) prings and 6617 Vt Iti /vive
S de la constant de l	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
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on on	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If you give wor or dones of service) 16b SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 18 SOCIAL SECURITY NO. 18 INFORMANT 19 SOCIAL SECURITY NO. 19 INFORMANT 10 SOCIAL SECURITY NO. 19 INFORMANT 10 SOCIAL SECURITY NO. 19 INFORMANT 10 SOCIAL SECURITY NO. 19 INFORMANT 11 INFORMANT 12 SOCIAL SECURITY NO. 19 INFORMANT 13 INFORMANT 14 SOCIAL SECURITY NO. 19 INFORMANT 15 INFORMANT 16 SOCIAL SECURITY NO. 19 INFORMANT 17 INFORMANT 18 SOCIAL SECURITY NO. 19 INFORMANT 18 SOCIAL SECURITY NO. 19 INFORMANT 19 SOCIAL SECURITY NO. 19 INFORMANT 19 SOCIAL SECURITY NO. 19 INFORMANT 10 SOCIAL SECURITY NO. 19 INFORMANT 10 SOCIAL SECURITY NO. 19 INFORMANT 17 INFORMANT 18 SOCIAL SECURITY NO. 19 INFORMANT 18 SOCIAL SECURITY NO. 19 INFORMANT 19 SOCIAL SECURITY NO. 19 INFORMANT 19 SOCIAL SECURITY NO. 19 INFORMANT 10 SOC
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ATTENDING PHYSICIAN: etoined by the hospital or CTOR: After this certificate should be detoched for u inth the Stote Dept. of Heal	at work at wark
NS To the state of	22a. I certify that (I) (this haspital) attended the deceased from 3 1969, to 3 1969, to 3 1969, that (I) (we) last saw the deceased alive an 4 3 1969, and that in (my) (aur) apinion death occurred an the date and have and from the causes stated above, (I) (we) (did) (did nat) view the bady after death.
ND N	saw the deceased alive an 4-7-69 1944, and that in (my) (aur) apinian death occurred an the date and have and fram the
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	22d. PHYSICIAN'S DEGREE PHYS. L. DIRECTOR LA PHYS. L. 24 - 2 - (. 9) 22d. ADDRESS
RAL Pe	NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland
Ctore eld	23g BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote)
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The Islands attention atte	CERTIFICATION			YES NO [CAUSES OF DEATH?					
CIAN: oital or tificate d far u	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M Month Doy Yeor		er nature of injury in Port 1 or Port 2,	Item 18.)				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, creating the state Dept. and the should be filed with the State Dept.			LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC		o. City or Town	County State				
IDING 1 by th After 1 1 be d		22a. I certify that (I) (this	hospital) attended the decease	ed from <u>OCT 25</u> , 19 % 7, and that in (my) (our) o	cinion death occurred on the do	69 , that (I) (we) last				
ATTEN ATTEN Italineo TOR: Shauld		causes stated above,	(I) (we) (did) (did not) view the	bady ofter death.	226	DATE SIGNED / C>				
L OR be re DIRE		22d PHYSICIAN'S	l fein /	- Inn Annuary	MED STAFF PHYS	//3/67				
O HOSPITAL Page 4 may O FUNERAL director, pag should be fil		NAME (Type) MANA N	OCL WOOD,	16/0/ /AR	L HOTS AVE, BY	4 LTO -15 MD.				
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fil	230	BURIAL, CREMATION, 23b DA REMOVAL (Specty) DURIAL AT		CEMETERY OR CREMATORY I ISRAEL ANSHE SFA		(County) (Stote)				
VR A15 4	24.	FUNERAL DIRECTOR	ADDRESS BROS. INC. 6010 RE	ISTERSTOWN ROAPR	BY REGISTRAR 2Sb. REGISTRAR S					



1 12	tems 18&22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH -12-69 ams division of vital records, 301 w. preston street, baltimore, maryland 21201 05 154	
FOR STATE	05162 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Yeor 21 OF ESTI- DEATH MATERIAL S. POOLEY DEATH MATERIAL 12 1591	5. 190 M
ny delay is 2, and 3 to PM3. Page artmoot	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years of under 24 Hrs 15 Under 24 Hrs 16 Under 24 Hrs 17 Under 24 Hrs 17 Under 24 Hrs 18 Under 24 Unde	HOUR M
Dep 3.7	BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH Baltimore,	Mc
haurs after death office along with form and with the State De after death.	Timonium 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 14 Drive 15 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 16 USUAL OCCUPATION (Kind of work done of Hospital 17 Drive 18 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 19 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of work done of Hospital 10 USUAL OCCUPATION (Kind of Work done of Hospital 10 USUAL OCCUPATION (Kind of Work done of Hospital 10 USUAL OCCUPATION (Kind of Work done of Hospital 10 USUAL OCCUPATION (Kind of Work done of Hospital 10 USUAL OCCUPATION (Kind of Work done of Hospital 10 USUAL OCCUPATION (Kind of	SS OR
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24 nn ln ln l s s s s s s s	FATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost George F. Sheffer Millie Herbst	
rithin sencil amine e page	WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyse gave war or dates of service) none IT. INFORMANT Mr. Elmer W. Pooley (Same)	
executed nding" i Medical permit.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMICIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only which gove Excess ingestion of a mixture of alcohol, 12 hrs	OEATH
world word the Ch rial-fra	nse to immediate couse (o), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF	
9 5 5 F ")	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of unitary in Part 1 or Part 2 Item 18.)	NO D
<u>_</u>	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
= 0 × + × 0	WHILE NOT WHILE of foctory, office building, etc.)	Stote
bical Examplease execute the director. Page 4 estained for your. DIRECTOR. Page or to burial, crem	22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .	apınian
Pri Pri	ACTUAL SIGNATURE SIGNATURE EXAMINER'S Charles II College II Col	>
TO DEPU necessor the fun 5 may 10 FUNE Health	NAME (Type) Charles r. O'Bonnell ADDRESS(Street, city, fown, or county) Burial, (REMATION 23b DATE 23c NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) (County) (Stote Burial, CREMATORY 4/15/69 Moreland Memorial Park Balto. Md.	2)
VR A15ME (5) 10M REV 1/68	FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 250 RECT BY REGISTRAR DATE APR 14 1839 250 RECT BY REGISTRAR DATE APR 14 1839	e.



MARYLAND STATE DEPARTMENT OF HEALTH



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		05164			ALTIMORE, MARYLAND 21201	OF FE
4		20700		CERTIFICATE OF DEAT	Н	05156
₹ ~74		CEASED-NAME First	M,ddie	Lost	20. DATE OF DEATH	2b. HOUR
death and death	L	ype or print)	NUEL	RAFFEL	APRIL Month 800	1969 10 PM
草原二章	3. SI		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNGER 1 YEAR IF UNGER 24 HRS. MONTHS DAYS HOURS MIN
9 4 6 5	L	MALE	WHITE	APRIL 20	lost birthdoyf YRS.	MONTHS DATA STOCKS WITH
non Hou		STRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
be executed within 24 haurs after death. and campletely filled in the tuneral? e remove carban papers. Adge: 1, and 2 in any event, within 72 hours after death.	Cuo	MARYLAND	usa	WIDOWED DIVORCED	BALTIMO	RE Md.
e executed within 24 and campletely filled remove carban pape n any event, within 77.	10. (TTY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN give street address)		USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
ee with Section 1	L		7517 36	ADE AUE S	ng most of working life, even if retired.)	INDUSTRY
ed carl	13a	USUAL RESIDENCE (Where deceosission) STATE	ed lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE	CITY LIMITS? 13e. STREET AND NUMBER	
ecut cami	<u></u>	MARYLAND	13b. COUNTY SALTIMORE	BALLO YES	NOT 7517 SLA	DE AUE
and rem	14.	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAT	ME First Middle	Lost
Se dinib		MORRIS	RAFFEL	FANNIE		KAFFEL
PHYSICIAN: The law requires that the death certificate be the haspital ar attending physician, this certificate has been signed by the attending physician effected for use as the burial-transit permit. Then please Dept. of Health priar ta burial, crematian, ar removal, and in	160.	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give v			Address	_
he death certifi e attending phy: permit. Then tian, ar removal		NO -	212-03-5	312 MRS REBA	RAFFEL SA	ME
on Ting		18. CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b), and (c)	1. 1-1	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
emdi mit. arr		IMMEDIA	TE CAUSE (a) COUNTY	yourder my	arclin	Few min
aft per ian,		4109	DUE TO, OR AS A CONSEQUENCE OF	0 . 1 /:		
the the mat		Conditions if any, which gave to immediate cause (a), ((b) and se	et ev ounear	rl	10/1
다 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
equires that the physician. signed by the burial-transit purial, cremati		lost)	(c)			
The law requires the attending physician. has been signed by se as the burial-traith priar ta burial, cre		PART 2 OTHER SIGNIFICANT CO	IDITIONS CONTRIBUTING TO DEATH BUT N		OR CONDITION GIVEN IN PART 1(0)	
The law re attending has been se as the h priar ta	§ S	19a. DATE OF OPERATION 19b.	CONDITION FOR WALLEL COPPORTION WHE O	non	AAL 16 Mrs. HIERE SHIRINGS	CONCIDENCE IN CENTIFYING
de for them as bound as price	CERTIFICATION	TO ANYL	CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFTING
r. T	ERT	21a ACCIDENT WAS UNDERLYIN	G 21b TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2,	16
al o ficat for He e		OR CONTRIBUTING CAUSE OF GEAT	H HOUR A.M. Month Day Year		(cnier nature of injury in Part 1 of Part 2,	Irem 15.)
SIC uspit eertiil eed t. of	MEDICAL	(If either, notify medical exami	PLACE OF INJURY (AT HOME, FARM, STREET, FA	GUBA) STE TOCATION COMPANY OF BED	, No. City ar Tawn	County State
PHY e ho nis o tack tack		While T Not while T	OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D	r no. City at tawn	County Sidle
e e e e e e e e e e e e e e e e e e e		at work — at work —	is bosnital) attended the decor	ad from	19 6 2 10 4/6 10	La that III Isua) last
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ogle e		causes stated above	, (I) (we) (did) (did not) view the	bady after death.		,
F F F F F F F F F F F F F F F F F F F		22b. SIGNATURE	Te 1/	A MALIENDING	/ MED STAFF 22c.	DAJE SIGNED
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AL AL Page		22d. PHYSICIAN'S NAME (Type)	MAIRICE FEL	DOTAL DE 22e. ADDRESS	In CRASS CA	WINTRY
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the the roneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Regget 1 and 2 should be tiled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death	-	Held ()	MWILL I DE	100 100	CO CO CO	VII // //
Her Gage	23a	BURIAL, CREMATION, REMOVAL (Specify)		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
5-5-	24	SUNEDAL DIDECTOR	RIL 11, 469 BNI	I ISRAEL 250 REC	BALTO	ZIGNATUPE .
VR A15 (4) 30M REV 1/68	5	FUNERAL DIRECTOR 5. Lev	re & Son, INC 961	o Resolutions Ap	R 1 1969 25b REGISTRAR'S	as finder
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	05165	DIVISION OF ALIVE KECC	RDS, 301 W. PRESTON STRI			~ -	
1		11/11/1	CERTIFICATE OF L			05157	
	17 1 1	Middle ANK D. RAILS		20. DATE OF April		⁷ 1969 ^{ear}	2b. HOUR 9 9 5 M
3	Male	4 RACE	S DATE OF BIR		6 AGE (In years last hinthday)	IF UNDER 1 YEAR MONTHS DAYS	IF JNDER 24 HRS HOURS MIN
_		White	January		, 1K2		NOCK2 INIT
/a	BIRTHPLACE (State or foreign untry) Indiana	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARR				
10	CITY OR TOWN OF DEATH	U.S.A.	W-DOWED DIVORC		imore		Md.
	Arbutus	g ve street oddress) 1125 Lin	OR INSTITUTION (If not in hospital den Avenue	12a USUAL OCCUPATION during most of working Conductor	(Kind of work done life, even if retired)	126 KIND OF B INDUSTRY B & O	R.R.
ad	p. USLAL RESIDENCE (Where decemission) STATE Mary 1a	eased lived, if institution Residence I nd 13b. COUNTY Howard		VES CO NO CO	REET AND NUMBER X 417 Ceda		
14	FATHER'S NAME First	M·ddle	Last 15 MOTHER'S MAI		M-ddis	A ZIVEIIU	Last
	Jeremiah	Railsback	E	lizabeth Bo	stock		
16	a WAS DECEASED EVER IN U.S. A Yes, no arunknown) (If yes gru NO	RMED FORCES? 16b SOCIAL SEC re war o. daies of service) 705-05		y D. Perrey,	Box 417	Rt. 4	21227
20	Conditions, if any, which gave use to immediate cause (a stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUEN	when	The Disease Or CONDITION GIVE	Stag	5	450 450 4755
CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION	WAS PERFORMED 20g. AUTOPS YES		YES, WERE FINDINGS C S OF DEATH?	ONSIDERED IN CER	STIFYING
MEDICAL CER		EATH HOUR A.M. Month Day	Year	RRED (Enter nature of inju	ry in Part 1 or Part 2,	Item 18.)	
Taw.	21d. INJURY OCCURRED 21 While Not while of work		REET FACTORY.) 214 LOCATION Street	or R.F.D. Na. City	or Town	County	State
	22a. I certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	this hospital) attended the de olive on ve, (1)? (we) (aid) (aid not) view	ceased from and that in my whe body after deoth.	(our) apinion death	Curred on the do	that ond hour a	() (we) last and from the
	22b. SIGNATURE	umbar	DEGREE PHYS	DIRECTOR L	STAFF PHYS 4	DATE SIGNED	169
	22d. PHYSICIAN'S NAME (Type) Dr	. Bruce Brumbaug		09 Main Stre	et, Elkrid	lge, Mary	yland
230	DEMOVAL (Const.)		ME OF CEMETERY OR CREMATORY		Oh (City or Town)	(County)	(State)
			owridge Cemetery		gton Blvd.	, Dorse	y Md.
	FUNERAL DIRECTOR			APR 2 9 196	25b REGISTRAR'S	SIGNATURE	,
i	oward H. Hubba	rd, 4107 Wilkens	Ave. 21227	DEL E W II HAD	4 1	1	-



	tems 1822a Film 413 MARYLAND STATE DEPARTMENT OF HEALTH 0-17-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	15166 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05158
EALTH DEPT	I DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day Year 2b HOUR (Type or Print) JOHN MILTON RICHARDS 7 DF ESTI-
and 3 to	DEATH MATED 19
2//2	AGE (in years of birth of AGE (in years of birth of AGE (in years of birthday)) Male White Dec. 27, 1910 58 YRS. Condition of the pronounced dead of the pro
/ Fi	70 BIRTHPLACE (State or foreign 7b. CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
State D	U.S.A. WIDOWED DIVORCED BALTIMORE M
) 0 0 0 0	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) INDUSTRY
ieath	Penn Mote 1 8729 Loch Bend Drive during most of working life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13c. UNSIDE CITY LIMITS? 13e. STREET AND NUMBER
ded	odmission) STATE Md. 13b COUNTY Baltimore Toward a YES NOXX 801 Streambank Court
	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
2 0	Gomer M. Richards Sarah Butler
hours	(Yes, na, or unknown) (If yes give wer or dates of service) 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
-	No 579-03-1006 Mrs. Virginia Richards Same as # 13 E
Ē	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY MY OCARDIAL FIDENCE (n) MY OCARDIAL FIDENCE AND GATH MY OCARDIAL FIDENCE (n) MY OCARDIAL F
in any event within	DUE TO, OR AS A CONSEQUENCE OF
eve	Canditians, if any, which gave rise to immediate cause (a).
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
1	
,	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
1	WAS PERFORMED? YES ☑ NO □
	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) HOUR A M.
	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (Ar home, farm, street, 21f, LOCATION Street or R.F.D. Na. City or Town County State
	WHILE NOT WHILE CAT WORK AT WORK AT WORK
	22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [], Inquiry [], and in my apinion
	death resulted fram: Natural causes 🔀 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌
	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED
	SIGNATURE TO STATE MEDICAL ENGINEER
	EVAMINER'S Charles S Springate M.D. DEPUTY MEDICAL EXAMINER . May 1, 1969
	NAME (Type) ADDRESS(Street, city, town, or county)
	NAME (Type) ADDRESS(Street, city, town, or county) ADDRESS(Street, city, town, or county) 230 BURNAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)
2	NAME (Type) ADDRESS(Street, city, town, or county)

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/1/	1	MARYLAND STATE DE MARYLAND STATE DE MARYLAND STATE DE MARYLAND RECORDS, 301	PARTMENT OF HEALTH 1 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201
			OF DEATH	05/60
th turned organization of the contraction of the co		COUNTY CATONS VILLE MARYLAND CITY OR TOWN (If autside carparate limits. write RURAL and give neagest fawn)	" Mary Cano	b. COUNTY b. Write RURAL and give nearest tawn)
hin 24 haur filled in by papers. P		AMAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) A ton Riolge Muraing home 329 Harlem NAME OF FIG Middle	d STREET ADDRESS 3103 S	YES NO Z
be executed within 24 hours after and completely filled in by the fure remove carbon papers. Page in any event, within 72 hours after	5	Type or print) CARRIE E. Riedel RA	8 DATE OF BIRTH	10011
physician and nen please rem	gur	SUAL OCCUPATION (Give kind of work done gmost of working five eyen if retired) 10b. KIND OF BUSINESS OR INDUSTRY FATHER 5 NAME	11 BIRTHPIACE (County & State, or) Jalumon 20 14. MOTHER'S MAIDEN NAME 2	toreign country) 12 CTIZEN OF WHAT COUNTRY ZLS Q,
ne death certi attending ph permit. Then ion, or remav	15 (Ye	s, no, erunknown) (If yes give wor or dates af service) $2/2-09-98/7$	Margaret informant attenue Don	lan 3/03 Savey St
equires that t physician. signed by the burial-transit burial, cremat		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a) to the cause (a) to the cause (b) to the cause (a) to the cause (b) to the cause (a) to the cause (a) to the cause (b) to the cause (a) to the cause (b) to the cause (b) to the cause (c)	rol astery H	INTERVAL BETWEEN ONSET AND DEATH
PHYSICIAN: The law ree haspital ar attending his certificate has been stacked far use as the Dept. af Health priar ta	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO Contact of the significant conditions contributing to death but not related to Contact of the significant conditions contributing to death 20d. Accident was underlying to the significant contributing to death 20d. Describe how injury occurred.	osis - Chron	ic Brois Syndry YES NO 17
by the fifter of the defermance of the defermanc	MEDICAL C	Hour a m. p m. 19 While Not While foot at work of work 19 attended the deceased from	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	to 14 - 1 - , 1967, that (17 (we) las
D HOSPITAL OR ATTENDING age 4 may be retained by the FUNERAL DIRECTOR: After i director, page 3 shauld be dishould be filed with the State		sow the deceased alive on 4-1-1969, and that 22a. SIGNATURE Velle Common M.	ATTENDING AT MED.	M, fram couses and on the date stated above
TO HOSPITAL O Page 4 may be TO FUNERAL DII director, page should be filed	230	NAME (Type) CESAR VALLE CAUGIZO BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR	26 29 C164 CREMATORY 23d.	LOCATION (City ar Tawn) (County) (State)
OF 0 5 10 10 10 10 10 10 10 10 10 10 10 10 10	2	Durial	e Memorial PM D 25d. REC'D BY REGI 2 S DATE APR	orsey Howard Co. Md. STRAR 25b. REGISTRAR'S SIGNATURE 7 1989 Clientes Judge.



05	160	DIVISION OF V				IMORE, MARYLA	ND 21201		
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3 CEY	<i></i>		(I C DATE	AC DIDTU	1/DKI	1. 29	1969	IF UNDER 24 HRS.
T=e	Male	W/	fite	S. DATE	arch 28	1884 Ost	burthday) YRS.		HOURS MIN,
To BIRTHPLAC	E (State of foreign	76. CITIZEN OF WHA	COUNTRY?			9 COUNTY OF DEAT	finer.	e	Md.
ID. CITY OR TO	OS TE ALL			TITUTION (If not in hosp		ost of working life, e	ven if retired.)	12b. KIND OF B	USINESS OR
130 USUAL KE	SIDENCE (Where deceos	ed lived, if institution	Residence before	. /		IM IS? 13e. STREET A		1 Prom)
14 51711500	Maryland		184040-			116 6	1-9/19	Dead_	
IA. FAIHEKS N	OSE Ph	Middle			Youra	rirst	Middle	Briw,	Lost
		F Facuoras do sistem or you		17. INFORMAN	Epr/ 1	Tastin	Address	STERI	Mel
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PAR	T 1. DEATH WAS CAUSEI	D BY:	(-	entrut	Atro	mbrows	/	.712	12
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		(b)	estal.	alle	water.	2-1-21			
stoting t		DUE TO, OR AS	CONSEQUENCE OF	1 -A -/	20.11	0 8	and		
	OTHER SIGNIFICANT CON	(2) / //	WE TO DEATH DUT NO	OF DELATED TO THE TER	MINAL DISTACT OR	CONDITION CIVEN IN D	ADT VAL	<u> </u>	
	OTHER SIGNIFICANT COP	- CONTRIBUTIONS	NO TO DEATH BUT ME	OF KELATED TO THE TER	CMINAL DISCASE OK	CONDITION GIVEN IN P.	AKI ILOJ		
190. DATE	OF OPERATION 19b.	CONDITION FOR WHICH	H OPERATION WAS PER	RFORMED 20a	AUTOPSY?	2Db. IF YES, \	WERE FINDINGS CO	ONSIDERED IN CEI	RTIFYING
TIFIC				Y	ES NO 🗀	CAUSES OF D	EATH?	4ADE W	
				21c. HOW INJUR	RY OCCURRED (Ente	r nature of injury in P	ort 1 or Port 2, I	lem 18.)	
(If either	notify medical examin	ner) P.M.	19			- ~ ×			
While	Not while []	PLACE OF INJURY (A	T HOME, FARM, STREET, FAC FFICE BUILDING, FTC.	ORY.) 21f LOCATION	Street or R.F.D. No	City or Tou	wn	County	State
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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1 DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print)	2b. HOUR
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5 DATE OF BIRTH 6 AGE (In years	F JNDER 1 YEAR IF UNDER 24 HRS.
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160. WAS DELEASED EVER IN U.S. ARE PROCESS. 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no quinknown) WWIT 18 CAUSE OF DEATH (Inter only one (g ise per line for (a) (b) and (c)) 18 CAUSE OF DEATH (Inter only one (g ise per line for (a) (b) and (c))	IARD, MD.
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216 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2	2, Item 18.)
TO CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19 21d INSLRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. (City or Town)	
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NAME (Type) PUSHPENDRA SENAN, M.D. VAH, FT. HOWARD, MD.	
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	rs signature

MARYLAND STATE DEPARTMENT OF HEALTH



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AN: The law ratending of an attending licate has been for use as the Health priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	PERATION WAS PE	RFORMED	20o. AUTOP	SY?			INDINGS CO	NSIDERED IN CE	RTIFYING
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital at attending physician of FUNERAL DIRECTOR: After this certificate has been signed by the attending physician adjunctor, page 3 shauld be detached far use as the burial-transit permit. Then please should be filled with the State Dept. af Health priar ta burial, crematian, ar remayal, and in		White Not while at work at work	140 }	CE BUILDING EIC.	1		_	,	,			
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Clast 20 DATE KNOWN Month Doy, Vear 2b HOUR, (Type or Print) Programme Control of ESTI-
2 0 9 4 5 5 is	MARTHA BRAYShaw 100+ DEATH MATED HATEL 1969 FOM
deloy	(os birosoy) MONINS DAYS HOURS MIN (Manty) (Day Year
22.4	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF BEATH
s 1, 2	COUNTRY TENNA USH WIDOWED DIVORCED BACTIMORE MA
Poge with 1	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12 USUAL OCCUPATION (Kind of work done lize KiND OF BUSINESS OR during most of working life, even if retired.) 13 INDUSTRY
og w	a.W. Venna, Ave HAK dusse
hin 24 hours ofter deoth nation if tem 18 Give Poges niner 5 94ke along with for poges Tond 2 with the State hours after death.	13a USUAL RESIDENCE (Where deceased lived, if institut an, Residence before 13c CITY OR TOWN admission) STATE MD 13b COUNTY BALTO, Phoenix YES NO 981 OF ON DR
Per	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
24 F S S S S S S S S S S S S S S S S S S	Orlando Bray Show MARY E CRUMICK
	160 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dates of service) (16b SOCIAL SECURITY NO 17 Informant ADDRESS 215 32-15 Klessell (Part - Same on 14 13)
should be executed with ward "pending" in per the Chief Medical Exarturiol-transit mermit. File in any memit within 72	18. CAUSE OF DEATH (Enter only one cause per lipe for (g), (b), and (c)) APPROXIMATE INTERVAL APPROXIMATE INTERVAL
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ertifi writii word word ovol,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 2 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 18)
ote, ye for rem	WAS PERFORMED? YES \(\text{NO} \)
INER: This certificate, writ should be forwor files 3 should be used notion, or removo	② 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 18)
INER e cer showl files 3 sho orion	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State
E = 4 2 0 5	WHILE NOT WHILE factory, affice building, etc.)
.AL EXA execute or. Poge of for you TOR: Pog uriol, cre	22a certify that I taak charge of the remains described above, held an Autopsy, Inspection Inquiry, ond in my apinian
Se e sctor med o bu	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner .
JTY please e eral director be retained RAL DIRECTOR prior to bu	ACTUAL SIGNATURE COLO TO TO TO DUNCTOR ASSISTANT MEDICAL EXAMINER (226 DATE SIGNED)
any, nera be be Pr	SIGNATURE EXAMINER'S SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 116669
TO DEPUTY Eccessary, please ey the funeral director. 5 may be retained to FUNERAL DIRECTOR. Ecolth prior to bur	NAME (Type) ADDRESS(Street, city, town, or county)
5 ± 2 0 =	230 BURIAL, CREMATION, 230 DATE 23c NAME OF CREMATORY (23d LOCATION (City or Town) (County) (State) CREMOVAL (Specify) 4-7-65 Crean Mount BOH: more
	24 FUNERAL DIRECTOR 250 RECD BY REG STRAR 250 REGISTRAR'S SIGNATURE .
VR A1564E (5- 10M REV 1/48	We Circh Bunks Town Town not ARR 10 1969 Kallarles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05173 05165 CERTIFICATE OF DEATH DECEASED NAME First deoth. M ddle Last 2a. DATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 (Type or print) April Rose Rosie 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR UF JINDER 24 HRS glast birthday) MONTHS HOURS Aug. 8, 1883 f emale Negro 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED T NEVER MARR ED 9. COUNTY OF DEATH country) physician and tompletely filled in Baltimore U.S. WIDOWED K DIVORCED | Md. IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired)
1015ewife carboo STATE HOSP. Catonsville .3a. SUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 106 Garden Street 13d. INSIDE CITY LIM TS? admission) STATE 13b COUNTY Md. Harford Belair NO 🗀 remaye in any 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middie Last Julian Williams pleose and 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) [(If yes give war or dates of service, 219-36-2481A or removal, Records: SPRING GROVE STATE HOSPITAL APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (o). **TO FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 should be detached for use as the burial-tran should be filed with the State Dept. of Health prior to burial, crer Poge 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Urinary tract infection; uremia; late, latent syphilis; decubitue uclers 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (i) (this haspital) attended the deceased from Oct. 28 , 19 68 , ta April 15 19 69 , that (i) (we) last saw the deceased alive an April 15 19 69 and that in (my) (30) apinian death accurred an the date and have and from the causes stated above, (1) (webtold) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED ATTENDING 1-15-69 DEGREE PHYS DIRECTOR 22d PHYSICIAN S 22e. ADDRESS SPRING GROVE STATE Diomidis Pirovolidis, M.D. NAME (Type) Maryland 21228 Raltimore. 230 BURIA. PREMATION. 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) 2Sb REGISTRAR S SIGNATURE

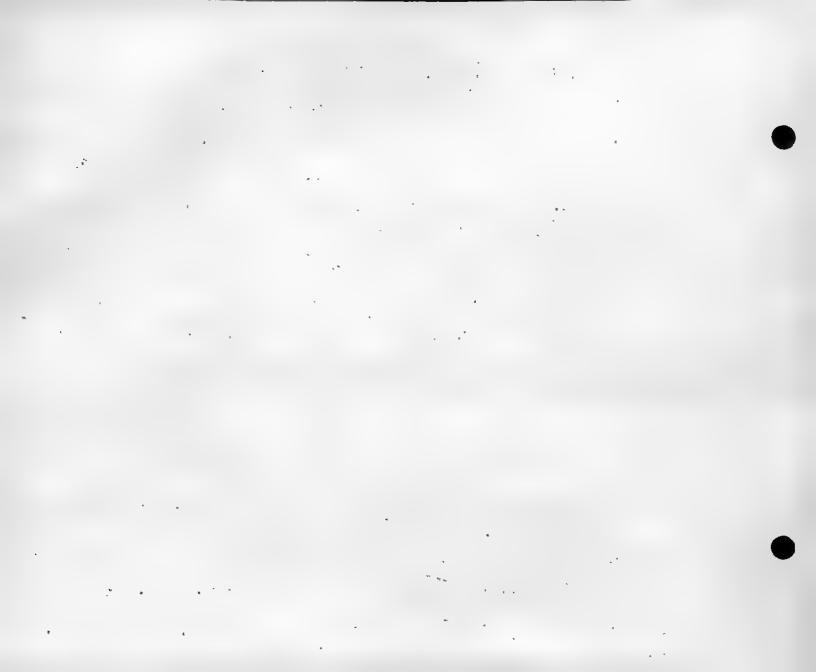


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		05174 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05166
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B H G		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, arremayal, and in any event, within 72 hours after death.	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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	24	FUNERAL DIRECTOR ADDRESS 2SB REGISTRAR SIGNATURE
VR A15 (4)	15	ybran & Lund Son 9610 Rustersburk DATE 1969 Misself Judge
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MARYLAND STATE DEPARTMENT OF HEALTH 05168 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05176 CERTIFICATE OF DEATH DECEASED NAME Middle 2a. DATE OF DEATH executed within 24 hours after deoth. Ov. Month 79 Day (Type or print) 8.0 Y49 3 SEX RACE +F JNDER 24 HRS completely filled in by the furnive carbon popers. Pages 1 y event, within 72 hours after AGE (In years last birthday) DAYS SHTHOM HOURS To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? **COUNTY OF DEATH** 8 MARRIED DE NEVER MARRIED country) Daltimore Md. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspites 12a USUAL OCCUPATION (Kind of work done 26. KIND OF BUSINESS OR give street address) Tking life, even if retired l leose remove carbon Kingsville Kingsville Md and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY & MITS? 33e. STREET AND NUMBER admission) STATE 13b. COUNTY Bellwie Avenue Kingsvill IS. MOTHER S. MAIDEN NAME First 14. FATHER'S NAME Middle physiciap PHYSICIAN: The low requires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 (INFORMANT Yes, no, or unknown) or removol, the ottending phy: 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) buriol, cremation, signed by the buriol-tronsit p Conditions, if any, which gove) rise to immediate couse (o). TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detoched for use as the re Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO P YES | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical exominer) P.M (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn State County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1997, to 1997, the lost sow the deceased olive on 1997, and that in (my) (aur) apinian death accurred on the date and haur and from the 3 should causes stoted obove, (I) (we) (au) (did not) view the body ofter death. 22c. DATE SIGNED ATTENDING PHYS M. GEGREE MED. DIRECTOR director, poge should be filed 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) FUNERAL DIRECTOR 1969



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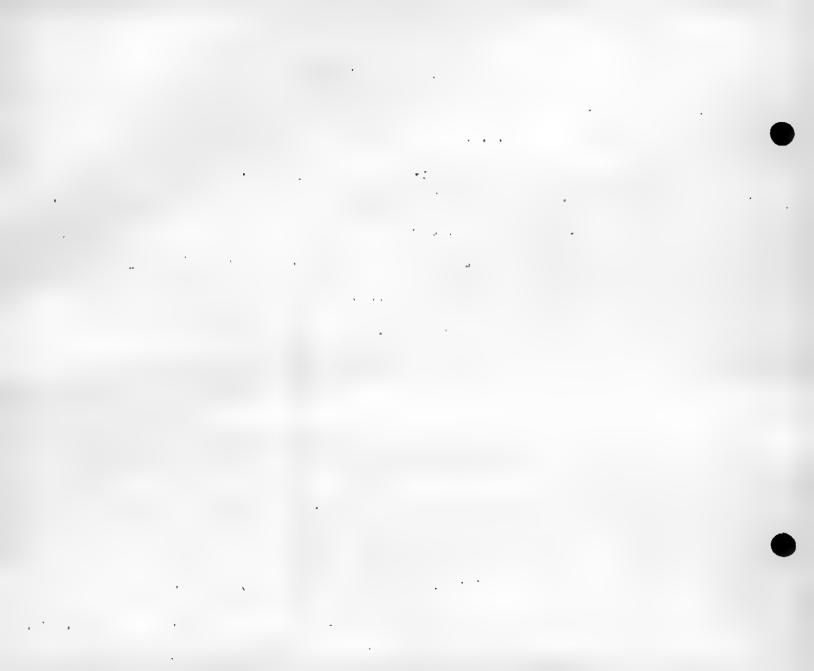


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PITAL OR AT may be retai ERAL DIRECTO	rr, page 3 sho I be filed with		22b. SIGNATURE 22d. PHYS CIAN'S NAME (Type)	Jos	F. h	F. Liti	A P	CEF BHAS	DIRECTO	R 🗆	STAFF D 22c	4-18 1 Bat	-69. ts. md
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	3						YES D			CAUSES OF DEATH?	YES		
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l'		21d INJURY OCCU While Mot whi t wark at wor	le		(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.					City or Town		County	Stote
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		and a supplementation	CH	alle C	Slow	4 D, DEC			DIRECTOR	PHYS. 12	3	4/14/	69
		2d. PHYSICIAN'S NAME (Type)	Cha	rles C.	Brown, M.	D.	22e. Al	JUKE22	6701	N. Charl	les S	treet	
2	30	BURIAL, CREMATION				F CEMETERY O			1	OCATION (City or To		(County)	(Stote)
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				D STATE DEPARTMENT C		-
1		and the second	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	05173
15		05181	(ERTIFICATE OF DEAT	Ή	
. 21	1 05	CEASED NAME First	Middle	Lost	20. DATE OF DEATH	2h HOUR
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A BOK	<u> </u>	MALE	WHITE	12-1-191		
Page 199	7a E	IRTHPLACE (State or foreign try)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 💢 NEVER MARRIED 🗌	9 COUNTY OF DEATH	
72 72 72 72 72 72 72 72 72 72 72 72 72 7		ALTIMORE, MD.	U.S.A.	WIDOWED DIVORCED	BALTIMORE	Md.
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omp owe	aanı	SSIGN) STATE MARYLAND	13b. COUNTY BALTIMORE	YES	NO KEYSER & TOPP	ING RDS.
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trion 2050	16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY I		Address	
physician. signed by the attending physicion signed by the attending physicion buriol-transit permit. Then please buriol, cremation, or removal, and i	У	es, no, ar unknown) (If yes give wor	or dates of service)	MRS. MURIAL :	SCHLOSS. KEYSER & T	OPPING RDS.
tert p ph nov			ane cause per ling for (a), (b), and (c).			APPROX.MATE INTERVAL
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dea rmii , or		, IMMEDIAT	E CAUSE (a) Carrier	- L	2	4-moro
he and he lion		Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	Le 1	aver	
and the set of the set		rise to immediate cause (o),	(b)	2.		
tra by train		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	Vale	•	
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requires that the death certificate g physician signed by the attending physicione buriol-transit permit. Then pleas o buriol, cremation, or removol, and		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(0)	
ing ling sen sen r to	8			, ., ,		
s bo	CERTIFICATION	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
the part of the pa	RTE				ULOS	
In or other or		21a ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2,	Item 18.)
ita di financia di	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	r) P.M. 15			
HYS hosp cel che pt.	ME	21d INJURY OCCURRED 21e P	LACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f LOCATION Street or R.F.I	No. City or Tawn	County State
he he he be		While Nat while at work	•			
NG the deed frate		22o. I certify that (I) (this	hospital) attended the decease	ed from Herry	19 <u>68</u> , to <u>capace</u> / 9, 19 opinion deoth occurred on the de	69 , that (1) (wa) lost
NDI Pd Le		sow the deceased ali	ve on Cyaric 19_1	967 Lefted that in (my) (our	opinion deoth occurred on the de	ote and hour and from the
O Sine			(I) (we) (did) (did not) view the	body ofter death.		
Write Tel A		22b. SIGNATURE	- 0 Tais	DEGREE PHYS	MED STAFF	DATE SIGNED 69
DIR ed		1000	ay zeon	(1113)	DIRECTOR L PHYS. L	111/1
TAL AL		22d PHYSICIAN'S NAME (Type) MAN	UEL LEVIN	M D 22e. ADDRESS	IRK HOTE AUE	PULO 15-MD
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HO gge FUN Terri	23a	BURIAL, CREMATION, 23b D		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 5 ×	_			ORE HEBREW		MARYLAND
VR A15 (4)		FUNERAL DIRECTOR	ADDRESS	TAGIN DAAD 2Sa. RE	CD BY REGISTRAR 10 COSb. REGISTRAR S	SIGNATURE
30M REV 168	SC	L LEVINSON & BE	ROS.,6010 REISTERS	DATE P	11 12 0 1000 7	00



				D STATE DEPARTMENT C		
4 P		05400	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	
,		05182		CERTIFICATE OF DEAT	'H	05174
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af de gran		MALE	WHITE	APRIL 3.	1913 last birthday) 56 YRS.	MONTHS DAYS HOURS MIN.
on po			76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9 COUNTY OF DEATH	
d in Sers. 72 h	BA	LTIMORE, MD.	U.S.A.	WIDOWED DIVORCED	BALTIMORE	Md
Fille m 2		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN:	STITUTION (If not in hospital 12a.	USUAL OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR
S PHYSICIAN: The law requires that the death certificate be executed within 24 the hospital or attending physician. This certificate has been signed by the offending physician and completely filled in detached for use as the burial-transit permit. Then please remove carbon paper is Dept. of Health prior to burial, cremation, or removal, and in any event, within 72		BALTIMORE	give street address) 3215 MIDFIE	LD ROAD	ng mast af warking life, even if refired.) PROPRIETOR DELTO	CAITESSEN STORE
ent, est (est)	13a.	USUAL RESIDENCE (Where decease	id lived if institution Positions before	13c. CITY OR TOWN 13d INSIDE	CITY LIMITS? 13e STREET AND NUMBER	
e e e	adılı	ission) STATE MARY LAND	136. COUNTY BALTIMORE	YES [NO X 3215 MIDFIELD	ROAD
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be no din		DAVID	SCHLO	SS .	SARAH	?
ate icial leos an	16a	WAS DECEASED EVER IN US ARM	ED FORCES? 16b. SOCIAL SECURITY (-	Address	
ertificate be exe physician ond con nen please reme tovol, and in ony	Ľ	es, no, or unknown) (If yes give wo	11 to 101102 (7) 10231C0]	MRS. FANNIE	SCHLOSS, 3215 MIDFI	
om o		1B. CAUSE OF DEATH (Enter ani-	y one couse per line for (a) (b), and (c),	1 1 1	0	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death ce physician. signed by the ottending burial-transit permit. The		PART I DEATH WAS CAUSED IMMEDIA	BY. IE CAUSE (0)	in heart tou	eure-	142
officern		4123	DUE TO, OR AS A CONSEQUENCE OF	7 //	2 1 - 7	
the the date	ı	Canditions, if any which gave	(b) Repeat	regordidal	wfarelins	14-5 min
thot by 1		rise to immediate couse (a), (stating the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF	7	//	
sicio ed led al-tr		last.	(c)			
phy sign		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
ng he l	총	flit wirle	in keil sai	ema		
andi s the	<u>8</u>	19a DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 2Da. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
YSICIAN: The law ranging or attending certificate has been thed for use as the off. of Health prior to	CERTIFICAT			YES N	CAUSES OF DEATH?	
ate affe		21a ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2,	Item 18.)
A Del Siller State	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year er) P.M.	9		
rosp cer che	*	21d INTURY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET, FAI	(TORY,) 21f LOCATION Street or R.F.E	No City or Town	County State
this this De		While Not while at work	E OTTICE BORDING, LIE			
IDING d by t After d be d		22o. I certify that (I) (this	s haspital) attended the decease	ed from sterre.	1956, tolphet 30, 19	45, that (1) (we) Tast
ed by the Same		raw the decented at	VO DD 44 / -50	9 4 / and that in (my) (nur)	apinion death occurred on the do	ote ond hour and from the
TO Soin H		22b & GNATURE)	(i) (we) (did) (did not) view the	Dady arrer death	1 22.	DATE SIGNED /
R A A S S S S S S S S S S S S S S S S S		220 SIGNATURE	a materi	A DEGREE PHYS	MED STAFF CON STAFF	30 // C
		22d. PHYSICIAN'S	· C practice	C. C. (1117)	DIRECTOR PHTS.	100/67
RAIL Per /		MAME (Type) JOSET	PH C. MATCHAR	22e ADDRESS 6821	REISTERSTOWN ROAD	/ /
Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the burial of the bur	220	BUR AL, CREMATION, 23b D	ATE 22, NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(Caunty) (State)
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30M REV 1 68	S	L LEVINSON & B	ROS.,6010 REISTERS	STOWN ROAD DATE	CD BY REGISTRAR 19692Sb. REGISTRARS	Las Janes



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		05183	DIVISION OF ALIAT RECORDS	, 301 W. PRESTON STREET, BALTIA	MORE, MARYLAND 21201	AN Processing
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hou hay	(OL	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	MARKIED METER INMERIED	COUNTY OF DEATH	
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AN: al a icat far Hea		2:0 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA	NG 21b. TIME OF INJURY HOUR A.M. Month Doy Yeor	214 HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Port 2,	Item 18.)
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O.R. ine	1		e, (I) (we)/(did) (did nat) view the	bady after death.		
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May RAL Pa		22d. PHYS CIAN S NAME (Type)	O	22e. ADDRESS	tr Pood	
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fer fer fter	3. S	X AA.	4 RACE		S. DATE OF SIE	RTH ,	6. AGE (In year	OFS IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS,
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ficol for fired fired		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Month Day Year	21C. NOW MOOK? OCC	OVERD Trilles into	note at injury in rais I at	ruit 2, Helli 10.j	
OR ATTENDING PHYSICIAN be retained by the hospital DIRECTOR: After this certifica ga 3 should be detached for led with the State Dept. of He		(If either, notify medical exami	PLACE OF INITIRY	AT HOME FARM, STREET, FACT	ORY.) 21f. LOCATION Street	Lor RED. No.	City or Town	County	State
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d b d b d b e St	1	22o. I certify that (1) (the saw the deceased courses stated above	live on 22	And 19	69, and that in	(our) opinio	n deoth occurred on	the dote and hour	ond from the
O. C.	ı	couses stated abov	e:# (we) (did)	(did not) view the b	od ofter death				
reference with with the second		22b. SIGNATURE	11.7	~ .	ATTENDIN	G MED.	TOR STAFF	22c DATE SIGNED -	1610
L OR be r be		22d. PHYSICIAN'S	WOOT	nun	DEGREE PHYS.	□ DIREC	TOR D PHYS L	Trapac	01801
RAIL Po		NAME (Type)Willia	m Newco	men M.	22e. ADDI		n, Marylan	d	
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2	MARYLAND STATE DEPARTMENT OF HEALTH 05 177	
	05185 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
± -2-±	DECEASED-NAME First Middle lost 20 DATE OF DEATH LOS MC	UR
be executed within 24 haurs after death. Land completely filled in by the funeral e remave carban papers? Roges I and 2 In any event within 72 haurs after death.	(Type or point) JOSEPH EDWARD SCHOLTES APRIL Month 25 Day 1969 9:2	20PI
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O HOO Page O FUN direct shaul	23a. BURIAL (REMATION, PRIMOVAL (Secretary) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
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VR ASS	H	FUNERAL DIRECTOR & &	Sons (4905 AMD	York Rd.	250, REC'D BY REGIST	1969 / C	STRAR S -SIGN	o Junga	•



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05179 CERTIFICATE OF DEATH DECEASED NAME a Ka ROBERT HENRYMANCHULZ Last 2a DATE OF DEATH 2b HOUR death. 24 hours after death l ond April Month 28 Day 1969 HENRY SCHULZE 3 SEX 4. RACE S DATE OF BIRTH F UNDER 1 YEAR 6 AGE (In years last hirthday) White July 17,1897 Male burial, cremation, or removal, and in any event, within 72 hours. 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED KI NEVER MARRIED country) the ottending physician and completely filled/in sit permit. Then please remove corban papers USA WIDOWED [7] DIVORCED T Baltimore County, Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address 200 during most of working life, even if retired) requires that the death certificate be executed with Catonsville Huron Rd. 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER admission) STATE Maryland 13b COUNTY Baltimore Ctnsvll. YEST NO 200 Huron Road -21228 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Schulze Caroline Rohrman Herman 16b SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates of service) Yes, on or unknown) 216-32-3846B Mrs.Lillian E. Schulze 200 Huron Rd. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) with the Stote Dept of Health prior to os the 20b. IF YES, WERE F.NDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO Z Page 4 may be retained by the hospital or DEUNERAL DIRECTOR: After this certificate 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M be detached 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED Gty or Tawn County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 1967, and that in 196 (2), 10 1964, and that in (my) (our) opinion deoth of curred on the date and hour and from the couses stated above, (1) (we) (did not) view the body ofter death 22b SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR director, poge should be filed 22e. ADDRESS 22d. PHYSICIAN S Edgar P. Williamson 5550 Balto. National Pike 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 230 BUR AL, CREMATION (County) (State) REMORAL (Spenty) May 2,1969 Meadowridge Cemetery Baltimore Maryland
GISTRAR 25b. REGISTRAR'S SIGNATURE RECTO BY REGISTRAR 24. FUNERAL DIRECTOR 250 Melizalen H. Sander & Sons, Inc., Balto., Md. DATE



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MARYLAND STATE DEPARTMENT OF HEALTH



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21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Street of R.F.D	CIAN: 1 ital or ificate far us far us				or	OW INJURY OCCURRED (En	ter nature of inju	y in Port 1 or Port 2	2, Item 18.)	
22a. I certify that (I) (this haspital) attended the deceased from	PHYSI ne hasp his cert efached Dept. a	MED	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.		OCATION Street or R.F.D. 1	la. City	ar Town	County	State
Couses stated above, (i) (we) (aid feet not) view the body direct death. 22b. Signature 22c. Date Signed 4-23-69 22d. Physician's	NDING ed by the After I Id be d he State		22a. I certify that (I) (thi saw the deceased al	is haspital) attended the dece	ased from19 6 2, and	d that in (my) (ows) a	, ta pinian death c	<u>ゲースろ</u> , 1 occurred on the	9 <u>67</u> , that date and haur c	(I) (we) last and fram the
22d. PHYSICIAN'S 22e. ADDRESS	RECTOR 3 shau			15 11,2		ATTENDING	MED.	STAFF 22	c. DATE SIGNED	
NAME (Type) Howard E. Hall, N. D. College Ave. Sykesville, Maryland	may be may be grant of may be filed				72,700	22e. ADDRESS	DIRECTOR —		*	
22d. PHYSICIAN'S NAME (Type) Howard E. Hall, N. D. College Ave. Sykesville, Maryla, d 230 BURIAL (REMATION, AMENOVAL (Shecify) 4-26-69 Sermotula, Carnetty Sykesville, Maryla, d 230 Surial (Remation, Amenoval (Shecify) 4-26-69 Sermotula, Carnetty Sykesville, Maryla, d 230 Surial (Remation, Amenoval (Shecify) 4-26-69 Sermotula, Carnetty Sykesville, Maryla, d 230 Surial (Remation, Amenoval (Shecify) 4-26-69 Sermotula, Carnetty Sykesville, Maryla, d 230 Surial (Remation, Amenoval (Shecify) 4-26-69 Sermotula, Carnetty Sykesville, Maryla, d 231 Surial (Remation, Amenoval (Shecify) 4-26-69 Sermotula, Carnetty Sykesville, Maryla, d 232 Sermotula, Shecify) Sermotula, Shecify Sykesville, Maryla, d 233 Surial (Remation, Amenoval (Shecify) Sermotula, Shecify) Sermotula, Shecify Sermotula, Shecify Sh	O HOSI Page 4 O FUNE directal shauld	230	BURIAL CREMATION 23b E	DATE 23c NAME	OF CEMETERY OR					
VR A15 W 24 FUNERAL DIRECTOR Haight Address Md. 250/REC'D BY REGISTRAR'S SIGNATURE HAVY W. Haight Lylawille, Md. DATA PR 2 9 1969 Killiams	VR A15 W	24			ville.	MA	· ·			



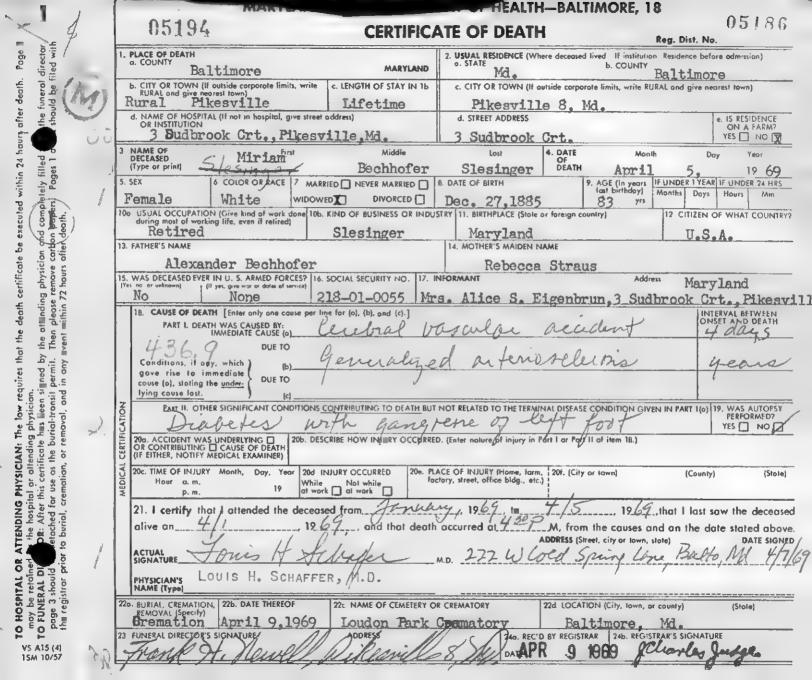
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Company WILLIAM SHRIVER APRIL 30, 1965 &: 1.0P			05191				5183
S SEX A RACE	ter death.		tion or neural			Month Day	V
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COMBRIDGE VES NO R.F.D. 3	1	13a	USUAL RESIDENCE (Where deceased	fived, if institution. Residence before	13c CITY OR TOWN 13d. INSIDE CITY E		lasti-Emboths
14. FATHER'S NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle Lost COMSTOCK	7	admi	MARYLAND	13W COUNTY DORCHESTER			
The contine of the proposed of the part	6	-					Last
The contine of the proposed of the part	4		HENRY	A SHRIV	ER AI	ANN	COMSTOCK
The cause of Death (Enter any one cause per line far (a), (b), and (c) MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY TUBERCULOSIS LUNGS, BILATERAL MILIARY T		160. Y	WAS DECEASED EVER IN US ARMED es, na, or unknown) (If yes give war of YES) WW	or dates of service)			FT HOWARD, MD
RHEUMATOID ARTHRITIS, MARKED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES No CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING OF CONTREQUING CAUSES OF DEATH? HOUR A.M. Manth Day Year P.M. 19 21a IN.J.R.Y. OCCURRED 21a IN.J.R.Y. OCCURRED While Not while at wark 21a IN.J.R.Y. OCCURRED While Not while at wark 22a I certify that R.Y. (As haspital) attended the deceased from 4/26/69, 19, to 4/30/69, 19, that XIX (we) las saw the deceased alive an 1/30/60 19, and that in XIX (we) las saw the deceased alive an 1/30/60 19, and that in XIX (we) applicant death accurred an the date and haur and from the causes stated abave, (i) (we) (did) (DOCK) view the body after death 22b SIGNATUS 22d PRYS (LANS NAME (Type) ERHARD J. BUNYOR, M. D. 23a B. RIAL, CREMATION, PRAY (Starts) DEATE SAND (Caunty) (Starts) 23b DATE NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) May 5, 1969 BALTO NATIONAL CEMETERY BALTIMORE, MD ADDRESS BURNIE, Md 25a RECORD 25b REGISTARS SEANATION. BURNIE, Md 25a RECORD 25b REGISTARS SEANATION. ADDRESS BURNIE, Md 25a RECORD 25b REGISTARS SEANATION. BURNIE, Md 25a RECORD 25b REGISTARS SEANATION. BALTIMORE, MD ADDRESS BURNIE, Md 25a RECORD 25b REGISTARS SEANATION.			PART I DEATH WAS CAUSED E IMMEDIATE Cand tions, if any, which gove inse to immediate cause (a), stating the underlying cause lost.	CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	Berculosis Lungs, I		BETWEEN ONSET AND DEATH
19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES No 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part ! or Port 2, Item 18) 19b	shauld be filled with the State Dept. at Realth prior ta Durial, drematian, ar remayal, and in any event, within the				OF KETATER IN THE TERMINAL DISEASE OKT	UNBITION GIVEN IN PART I(d)	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19		NO.T.			REORMED 20g AUTOPSY?	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19	1	FC				CHUESE OF OFITHE	
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22d PHYS CIAN S NAME (Type) ERHARD J. BUNYOR, M. D. 23d B_RIAL, CREMATION, RIAD BUNYOR, M. D. 23d B_RIAD BUNYOR, M. D. 23d			22a 1 certify that (1) (1) saw the deceased alive causes stated above, 1	haspital) attended the decease an 1,730/60 () (we) (did) (0,000) view the	ed fram <u>4/26/69</u> , 19_ 19, and that i XXXXX (aur) api body after death	, ta 4/30/69 , 19_ nian death accurred an the da	, that XIX (we) last te and haur and from the
NAME (Type) ERHARD J. BUNYOR, M. D. VA HOSPITAL, FORT HOWARD, MD 230 B. RIAI, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) REMOVAL (Specify) May 5, 1969 BALTO NATIONAL CEMETERY ADDRESS Burnle, Md 250 RECO BY REGISTRAR CO 256 REGISTRAR'S SIGNATURE ADDRESS Burnle, Md 250 RECO BY REGISTRAR CO 256 REGISTRAR'S SIGNATURE			4-	m. 7 mm2		ICD CTACK CALL	ALL 3 GHLD
BURIAL Specify May 5, 1969 BALTO NATIONAL CEMETERY BALTIMORE, MD 24 FUNERA DIRECTOR BURIES Burnie, Md 250 REGULERARS SIGNATURE ADDRESS Burnie, Md 250 REGULERARS SIGNATURE	1		22d PHYS CIAN S NAME (Type) ERHARD	J. BUNYOR, M. D.		TAL, FORT HOWARD,	MD
24 FUNERAL DIRECTOR B ADDRESS Burnie, Md 250 RECO BY REGISTRAP CO 256 REGISTRAP'S SIGNATURE	I	23a	BURIAL, CREMATION, 236 DAT			23d LOCATION (City or Town)	(Caunty) (State)
ADDRESS Burnie, Md 250 REGISTRAR'S SIGNATURE		$\overline{}$			NATIONAL CEMETERY	BALITIMOR	
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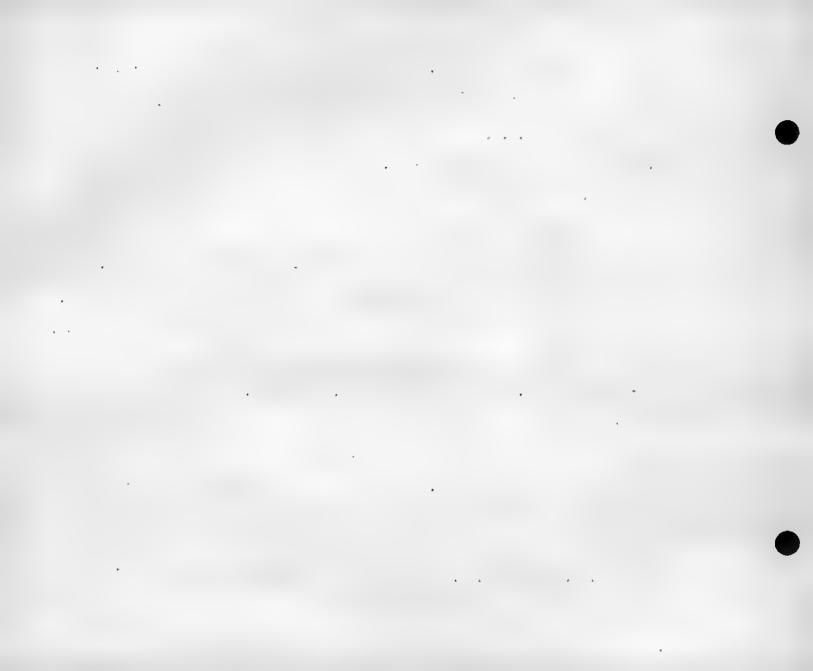
7	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	05192 CERTIFICATE OF DEATH 05183
nin 24 haurs after death, fi.led n by the funeral papers. Pages 1 and 2 thin 72 hoove after death.	1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH April Month 6, Ph969 Year M
offer offer	3. SEX 4 RACE 5. DATE OF BIRTH Female 4 RACE 5. DATE OF BIRTH April 1, 1883 6 AGE (In years FUNDER YEAR IF UNDER 24 HRS. FUNDER 24 HRS.
haurs haurs Page	72 RIPTHOPACE (Charles of Factors 75 CHT) CAN DE WELLS COUNTRY OF STATES
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within 2 bon pap	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor during the property of the p
physician and completely from please remave carbon avail, and in any event, with	13a USUAL RESIDENCE (Where deceosed rived, if institution. Residence before odmission) STATE Maryland 13b COUNTY Baltimore Arbutus 13a MSIDE (ITY UM: TS? 13a STREET AND NUMBER 1030 Elm Road
rian and celease rema	14. FATHER'S NAME First Middle cost IS MOTHER'S MAIDEN NAME First Middle Lost
lan o	Unknown -60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address
hysical n ple vol, a	Yes, ac or unknown) (If yes give wor or dorles of service) 190-09-2362 Mrs. Robert B. Grayson, 1030 Elm Road 21227
eath c ending nit. It	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART: OEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave (b). (b)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the att director, page 3 shauld be detached far use as the burial-transit pershauld be filed with the State Dept. of Health priar to buriaf, crematian,	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF OST. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
The faw re attending the been seen seen seen seen seen seen see	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 1216. HOW INJURY OF CAUSES OF DEATH?
SICIAN: The spital ar at spital ar at stifficate he ed far use of Health.	Garcontributing Cause of DEATH HOUR A.M. Month Doy Year P.M. 19
s PHY:	While Not while of work of wor
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt	22a I certify that (I) (this haspital) attended the deceased from 1957, 19 ta 1965, that (I) (we) last saw the deceased alive an 1955, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
L OR A. be retto DIRECT Sign 3 strilled with	226 SIGNATURE DEGREE PHYS DIRECTOR STAFF 226 DATE SIGNED 226 PHYS. CIAN S DEGREE PHYS DIRECTOR PH
SPITA 4 may IERAL ar, po d be f	PHYS.CIANS NAME (Type) Dr. James N. Frederick 22e ADDRESS 1311 Francis Avenue, Balto., Md. 21227
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	230 BURNAL (REMATON, BURNAL (Secrety) 23b DATE 23c NAME OF (EMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) BURNAL (REMATON, 23b DATE 23c NAME OF (EMETERY OR (REMATORY Dorsey, Howard County, Md.
VR Ats Vayo	Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATAPR 9 1969 256 REGISTRAR'S SIGNATURE
45M - 1/3/92/	Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATAPK 9 1969

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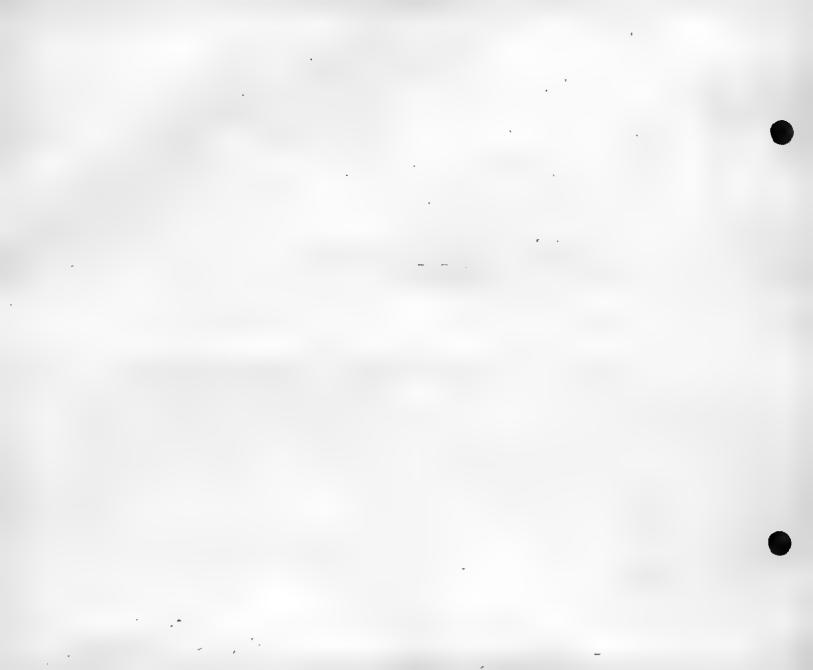
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death.	and 2 death	(ype or print) I	First OWLS	Middle NMI	Siperk		April April	30° 69°°	26 HOURD 5:45M
s after	s Pres t and 2 haers after death	3. 51	x Male	4. RACE	White	S DATE OF BIR	TH 2/97	6. AGE (In ye last bythac	OFS IF JNDER I YEAR WONTH'S DAYS YRS.	IF UNDER 24 HRS. HOURS MIN
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y filled	within.	10 (ITY OR TOWN OF DEATH Baltimore)	in eleman malaina (Titution (If not in hospital aty. Gen.	120. USUAL OCC	UPATION (Kind of work	done 12b KIND OF IND STRY Sal Machin	BUSINESS OR
unted	ve cart event,	13a adm	USUAL RESIDENCE (Where description) STATE Mary	eceased lived, if institution 13b COUNTY	utian Residence before		3d INSIDE CITY DM TS?	13e STREET AND NUM		
exe	any	14 1	FATHER S NAME First	Middle	Last	IS MOTHERS MAI			ddle	Last
be in all	dın		Matthew Sipe			Ma	ry	?		
†i ficate hysicia	n plea val, an	16a Y	WAS DECEASED EVER IN U.S. es, na, or unknown) (If yes	. ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY N		Siperko	Deer Park	dress r Rd. Owins	s Milla
ng p	The		18. CAUSE OF DEATH (Enti- PART I. DEATH WAS C	er anly ane couse per	line far (o), (b), and (c)				APPROX	MATE NTERVAL DNSET AND DEATH
leat!	ar r		PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a)	Respirato	ry Arrest				The Decide
he o	per itan,		11/17		AS A CONSEQUENCE OF					
# . £	nsit		Canditians, it ony, which g rise to immediate cause	(o), ((b) —	Extensive	and Massi	ve Pulm	onary Met	astasis	
res th sicion ed by	al-tra al, cre		stating the underlying ca last	USE DUE TO, OR	AS A CONSEQUENCE OF Kaposi's	Sarcoma				
The law requires the attending physician, has been signed by	e buri a buri		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(a)		
law indin	iar t	CERTIFICAT ON	19a DATE OF OPERATION	19b CONDITION FOR W	/HICH OPERATION WAS PER	FORMED 20a AUTOPS	5Y?	20b # YES WERE FIN	DINGS CONSIDERED IN C	FPTIFYING
The atte	st X	TIFIC				YES [NO [CAUSES OF DEATH?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ENTIT CONT.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill.	director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papel should be filed with the State Dept of Health prior to burial, cremotian, or removal, and in any event, within 72 or seconds.	MEDICAL CEI	21a ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical ex	F DEATH HOUR A.M	. Manth Day Year	21c. HOW INJURY OCCU	RRED (Enter natur	e af injury in Part 1 ar	Part 2, Item 18.)	
b PHYS	detache e Dept		While Not while at work	21e PLACE OF INJURY	AT HOME FARM, STREET FACT OFFICE BUILDING, ETC.		or R F.D No.	City or Tawn	County	Store
by 1	Stat		22a I certify that (I)	(this haspital) at	tended the decease	d from		to	_, 19, that	(I) (we) last
TENI ined ined	the		causes stated at	d alive an iave, (l) (we) (did) (did nat) view the b	?, and that in (my)	(aur) apinion (death accurred on	the date and hour	and from the
FCT AT	w th		22b SIGNATURE			ATTENDING	ATM —	CTAFF	22 DATE SIGNED	
P P P P	de la		(ajum	> MD		DEGREE PHYS	DIRECTOR	R D STAFF D	4.30.6	9
TO HOSPITAL Page 4 may b	Jr, pd		22d PHYSIC AN'S NAME (Type)	r. C. Ca	vero	22e, ADDRE 862	Elber	ty Rd., R	andallst	own,Md.
HON Jae /		230	BURIAL, CREMATION, 2	3b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d	LOCATION (C ty at Town	n) (County)	(Stote)
2 2 2	0 7	0.4		May 3, 69		ven Cem.	G1	en Burnie	Md. Annaru	ndal
VR 45A	LAIL		funeral director ring Byers {	3728 Liber	ty Rd. Rand	lallstown 2	MAY 5	CTDAD OCE DECT	STRAR'S SIGNATURE	c.e.
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13	MARYLAND STATE DEPARTMENT OF HEALTH		
FOR STATE	05195 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05187	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a DATE KNOWN TO Manth Da		
***************************************	(Type or Print) OF EST. Amon 3		
ay i 3 t Pag	3 SEX 4. RACE S DATE OF BIRTH 6 AGE, in years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR	
2, ond 3 to PM3. Page partment of	Female White 4-13-1877 as bighdov) MONTHS DAYS MOURS MIN Month Apr. Day 16	Year 19 69 M	
P. P.	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED ▼ NEVER MARRIED 9 COUNTY OF DEATH	17 - 5 M	
- E 2	Country Pennsylvania U.S.A. WIDOWED DIVORCED Baltimore	Md	
State (10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR	
after deoth any delay 8. Give Pages 1, 2, and 3 olong with form PM3. Pay with the State Department leath.	Chapel Hill Nursing Home at home	DUSTRY	
s after 18. Give olong 2 with deoth.	130 USJAL RESIDENCE (Where deceosed yed, finstitution Residence before 13c CITY OR TOWN odmission) STATEMd. 13b COUNTY Balto. Balto. 13c NSIDE CITY UNITS? 13e STREET AND NUMBER OF THE STATE AND NUMB		
rrs c 18 18 12 w 12 w		Avenue 7	
hours Item 1 Office I and 2	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Charles Emich	Lost	
hip 24 hours after death and it is them 18. Give Pages 1, hands office along with form pages 1 and 2 with the State Dephours ofter death.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Fulton	
	(YBS DO BEILD KDOWN) If the course were not declared of services	17522	
	No No William R. Small-R. D. 1-Holtwood, Pa. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL	
be executed "pending" in itef Medicol E insit permit F event within	PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Broncho Pneumonia	BETWEEN DISET AND DEATH	
be execute ief Medico ies Medico ies permit	44 9 DUE TO, OR AS A CONSEQUENCE OF	4 02.	
be e per ief ief insit	Conditions, if any, which gave) Iremia	2 wks.	
hauld be e mord "per the Chief I unal-transit	rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
ertificate shauld writing the mord warded to the Cl. warded to both cool oval, and in any	Generalized Arteriosclerosis	5 yrs.	
is certificate to, writing the forwarded to used as a be removal, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
tifica iting ardei d os d os	Fracture of rt. hip- Decubitus ulcers, extensive.		
cer orw orw	190. DATE OF OPERATION Mar. 9, 1969 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED? Fractured hip	20. AUTOPSY?	
This certificate shauld itobe, writing the mord be forwarded to the Ch d be used as a bunal-troor removal, and in any		YES NO NO	
	PRIMARY OR CONTRIBUTING 5:15 P.M. Mar. 8 1969 slipped off comode in room and fr	actured	
	21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State	
L EXAI ecute i Page I or you R:Page	AT WORK AT WORK Chapel Hill Nurs. Home Randallstown Balt		
AL R Xec. Por for for OR:	220 certify that I took charge of the remains described above, held on Autopsy, Inspection K, Inquiry 🔀 ,		
ase e rectol nined RECT to bu	deoth resulted from: Natural couses 🗷 , Accident 🗌 , Suicide 🗍 , Homicide 🔲 , Undetermined monner 🔲		
please directerations DIRECTO	ACTUAL SIGNATURE D. 2. CAMPLUS M.D. ASS STANT MEDICAL EXAMINER (226. DATE SIGN	NIEB.	
nry, ple arral di be retc prior			
To DEPUTY SICAL EXAM necessory, please execute the funaral director Page 15 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to bur'al, cren	NAME (Type) D. D. Caples, M. D., 6 Hanover Rd., Relaterstown, Md.		
5 5 5 5 ±	PEMOVA) (Specify)	iunty) (State)	
	Burial Specify) 4-19-69 Woodlawn Cemetery Baltimore, Maryla	ınd	
VR A15ME (5)	24 FUNERA, DIRECTOR ADDRESS 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGN	IA UK!	
TOM REV 1/68	Armacost Funeral Chapel-4600 Liberty Hts. APR 2 2 1969 Volumes	Judge :	



_	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
,							
		05196			05188		
£ _7£		ECEASED-NAME First		Last 1	20. DATE OF DEATH	2b. HOUR	
aurs after death. by the funeral S. Pages 1. and 2 have after death.	1	Type or print) Maku	\mathcal{H} .	Smith	Month D	Yeg 9 950 M	
P P P	3. 5	X	4. RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 14 HRS	
# # # A		temple.	White	5-14-	1880 last birthday) YRS	MONTHS DAYS HOURS MIN	
and	70	BIRTHPLACE (State or foreign 71	D. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH .		
	เตา	Mary land	U.5.	WIDOWED DIVORCED	Baltimo	Ne Md.	
ecuted within completely filled tave carban papery event, within 7	10.	TITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		AL OCCUPATION (Kind of work done	126, KIND OF BUSINESS OR	
ele viti		OBERISON . MO	give street oddress)	Isiah NURS. Am during in	nonemaker even if retired)) INDUSTRY	
ed ed car	130.			13c. CHY OR FOWN 13d. INSIDE CITY			
omp zve	Udill	SSIGNJ STATE Md.	13b COUNTY Balto.	yes □ N	otal 624 Dunkirk	Road	
and de	14.	FATHER S NAME FIRST	Middle Lost	IS MOTHER'S MAIDEN NAME	First Middle	A Lost	
# \0 = E		Smith	A. GEorge	Cath	ERINE.	Moulan	
a logici da	160	WAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY N	17 INFORMANT	Address		
requires that the death certificate be executed within a physician. In signed by the attending physician and completely filled be burial-transit permit. Then please remave carban page a burial, crematian, or remaval, and in any event, within a burial, crematian, or remaval,		'es, no, ar unknawn) (If yes give war o	220-30-26	38 Nellie M. Patt	erson 606 B Walk		
ng de le		18 CAUSE OF DEATH (Enter only	ane cause per +ne for (a), (b), and (c) (y)	1. (1	APPROXIMATE INTERVAL BETWEEN DMSET AND DEATH	
eath endi		PAKET DEATH WAS CAUSED E	(AUSE (a)/)	Lyc Caldial	-chatagola	on hours	
affe d		4104	DUE TO, OR AS A CONSEQUENCE OF	10+	/		
the sit		Conditions, if any, which gave a sise to immediate cause (a)	(b)	HYLLOSEL	enesis	years.	
tho on. by rran		stating the underlying couse(DUE TO, OR AS A CONSEQUENCE OF				
res /sici ned ial-l		last.	(1)				
equi ph) sigi bur bur		PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
ing ing sen the	18						
s brians	CERTIFICAT ON	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE		CALICTO OF DEATING	CONSIDERED IN CERTIFYING	
東京 R S 王 X	E			YES NO			
cate dar dea	18	21 g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Port 2	. Item 1B.)	
District Party of the state of	MEDICAL	(If either, natify medical examiner) P.M 19				
HYY has s ce ache	2	21d. INJURY OCCURRED 21e. Pl. While Not while	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D. No	c. City or Town	County State	
det the Get of the Det		DI MOSK DI MOSK					
be State		22a. I certify that (1) (this	hospital) attended the decease	d from 10000, 194	-1, to 1) D- i ((Z, 1)	9 CS, tha (1) (we) last	
SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 may be retained by the haspital ar attending physician. IERAL DIRECTOR: After this certificate has been signed by acre, page 3 shauld be detached far use as the burial-trarild be filed with the State Dept. af Health priar ta burial, cre.		causes stated above. (e an As St. View the l	9 Jond that in (my) (our) op	inion death accurred on the d	late and hour and from the	
S S S S S S S S S S S S S S S S S S S		22b SIGNATURE	- \		220	DATE SIGNED	
OR Albe reft be reft DIRECT PIRE 3 sh led with		Donied	2 miller	DEGREE PHYS	MED STAFF DIRECTOR PHYS	4 mil 12-65	
AL Dogge		22d. PHYSICIAN S	. / / 17	22e. ADDRESS	5 -1 1	610000	
SPIT SPIT Gr. 1 d be		NAME (Type)	Livial Nil	er 9.15	Rouster-Ston.	Pd Mils and	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. at Health priar to	23a	BURIAL, (REMATION, 23b DAT		CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		HOWAL (Spr. fy) 4/	1 5/69 Cather	dral Cemetery	Balto., Md.		
VR ALS VALUE		FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE	
45M \ 3	M	itchell-Wiedefel	ld Home 6500 York	Rd. DAPR	1 8 1969 gClian	les judge	
	_			1.7			



11 12	DIVISION OF VITAL RECORDS, 301 W, PRESTOR	
11	05197 CERTIFICATE	
death neral and 2 death.	DECEASED-NAME First Middle tos (Type or print) WILLIAM TAYLOR SM	
offer of the control		6 AGE (n years If JNDER) YEAR F UNDER 24 HRS last barringy) YRS MONTHS DAYS HOUR, MIN
. E 16-2	a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVE	PR MARRIED 9. COUNTY OF DEATH Baltimore
Within 72	Maryland U.S.A. WIDOWED CITY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUT ON (If not in has give steep address) Edmondson Heights Ill4 Granville Road	
ate be executed with ician and campletely lease remave carban and in any event, with	a USUAL RESIDENCE (Where deceased lived, if institution Residence before discission) STATE Maryland 13b COUNTY Baltimore Heights Heights	
and corema	FATHER'S NAME First Middle Last 15. MOTHE	ER S MAIDEN NAME First Middle Lost Ethel R. Taylor
ficate b ysician please al, and i	og, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMAL	
ATENDING PHYSICIAN: The law requires that the death certificate be executed within stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled should be detached far use as the burial transit permit. Then please remave carban pape inth the State Dept. at Health priar to burial, crematian, ar remaval, and in any eyent, within 7.	18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMED ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), starting the underlying cause lost.	rast perween oner and perment of the Control of the
law randing been s the iarta	Ž.	AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar attento Funeral DIRECTOR: After this certificate has director, page 3 shauld be detached far use as shauld be filed with the State Dept. af Health pr	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 Clif either, natify medical examiner) P.M. 19 21d INJURY OCCJRRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION While Nat while N	RY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Street or R.F.D. No. City or Town County State
D HOSPITAL OR ATTENDING PHYSICI. Page 4 may be retained by the haspita D FUNERAL DIRECTOR: After this certific director, page 3 shauld be detached ishauld be filed with the State Dept. af	22a. I certify that (I) (this bospital) attended the deceased from saw the deceased drive an	in (my) (as) apinian death accurred an the date and have and from the
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the 5	22b. SIGNATURE DEGREE AT DEGREE PH	TTENDING MED STAFF 22c, DAY SIGNED 1YS DIRECTOR PHYS WISSIGNED 4/8/69 e. ADDRESS 1 Mallow Hill Road, Balto., Md.
HOSPI1 Page 4 m Funer, director,	NAME (Type) Dr. James Nolan Removal (Remation, BURIAL (Remation, BURIAL) 23b. Oate	ORY 23d LOCAT ON (City or Town) (County) (State)
VR ATS AS ASM - 1/90	4. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229	2SG. RSC'D, BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Cornan Arten Masore

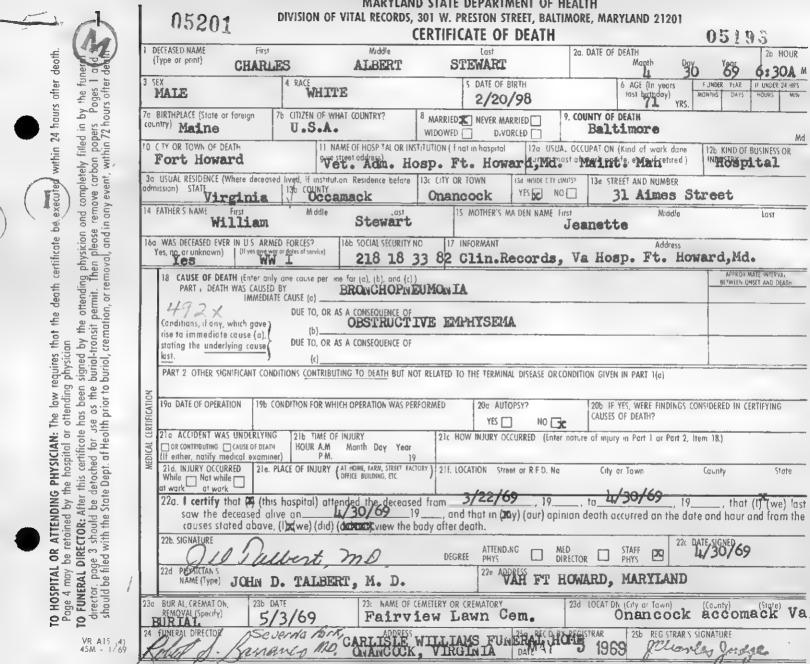
		MARYLAND STATE DEPARTMENT OF HEALTH	
1		05109 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05190	
		05193 CERTIFICATE OF DEATH	
€ === €		ECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOL	JR
er death funeral 1 and 2 er death	- (1	Type or print) WARREN A. SPILMAN APRIL 6 1969 108	2 M
Tel Series	3. SE	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER) THE UNDER 1 YEAR IF UNDER 4	HRS.
by the funeral Pages I and Pure deat		MAle White 11-30-1903 last birthday) MONTHS DAYS HOURS A	A.N
and	7a E	BIRTHPLACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR ED 9 COUNTY OF DEATH	
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with telly rbar	10	CHNOHISTOUN BATOCO. GEN, HOSP CYP/elephone	
execoted within 24 haurs after death a competely filled in by the funeral enauge carbon papers. Pages 1 and 2 any event, within 72 hour exter death	odm	USUAL RES DENCE (Where deceased I'ved, if institution Res dence before 13c CTY OR TOWN 136 INSDECTY LIMITS? 13e. STREET AND NUMBER SSION) STATE NO. 13b COUNTY BALTO BALTO YES NO. 12 6/00 Windson Mill. Rd	
Por Service of the se	14 F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
be of in din		Robert El. Spilman Julie PROVOST	
cate sicia pleas		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (If yes give wor air dates of service) 17. INFORMANT	
requires that the death certificate be g physician. n signed by the attending physician bir e burial-transit permit. Then please 7 a burial, crematian, or remaval, and in		110 STI-01-9143 MAZEL K. PILMAN - JAME	
mg Ly		18. CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c)) PART I DEATH WAS CAUSED BY: APPROXIMATE NTERIAL BETWEEN ONSET AND DEATH	4
end mit.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My yorardial infatotion 3 that	44
he c per per ian,		DUE TO, OR AS A CONSENCE OF	
at the nsit mail		Conditions, if any, which gave tise to immediate couse (o). (b)	
The law requires the aftending physician. has been signed by se as the burial-tran h priar ta burial, cre.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
uire hysid gned urial		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	_
n signal		THE A CHARLES OF THE CONTINUE CONTINUE OF THE	
law ndin bee s th iar t	CENTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
The after has se a	TEEC	YES NO W CAUSES OF DEATH?	
ar ar us		21 a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
ICLA Sital diffe di fo	MEDICAL	Growtr Buting Cause of Death (If either, notify medical examiner) P.M. Month Day Year	
HYS has s cer sche	#WE	21d NIL, RY OCCURRED 23e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, A 21st I OCCATION Street or R.F.D. No. Gity of Town Country Street	þ
the H		While Not while of twork of work	
State State		220. I certify that (I) (this haspital) attended the deceased from 2, 17, 19, 44, ta 4, 19, 64, that (I) (we) saw the deceased alive on 3, 3, 19, 4, and that in (my) (aur) opinion death accurred an the date and haur and from	last
Ped Red		couses stoted obove, (I) (we) (aid) (did nat) view the bady after death.	ine
OR ATTENDING PHYSICIAN: be retained by the hospital or JIRECTOR: After this certif cate le 3 should be detached for u ed with the State Dept. af Heal		22b SIGNATURES 22c. DATE SIGNED /	
OR be 1		Collector Cetter, M, C. DEGREE PHYS MED. STAFF - 4/7/69	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pagers / Page should be filed with the State Dept. af Health priar to burial, crematian, or remayal, and in any event, within 72 hours		22d PHTS(CIANS Robert A. Reiter, M. D. 220. ADDRESS Edmondson Que, 2/22	8
HOS ge 4 :UN	23a		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		BURIAL #4-10-69 Wood LAWN Cemetery BALTO, Md	
VR A15 D.C	24	JUNERAL DIRECTOR, ADDRESS 250 RECOUNT REGISTRAR 250 RECOUTRAR'S SIGNATURE	
45M - 786%	141	RMACOST FUNERAL Chapel-4600LIB. HELTS AVE DAPR 8 1988 ICHIONES Judge	



1	05199		.ND STATE DEPARTMENT OF S, 301 W. PRESTON STREET, BAL		05191
	00,00		CERTIFICATE OF DEATH		J 47 /
÷ - ÷		rst Middle	tast	2g DATE OF DEATH	Ph. Hgur
deat	(Type or print) Lut	her	Stallings	April 4, 19	Year P. M
24 haurs after death bed in by the inheral spers. Pear and Z	3 SEX male	4. RACE white	S DATE OF BIRTH	6 AGE (In years ags birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
t haurs in by ers. O	7a BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY? U. S.	8 MARRIED NEVER MARRIED X WIDOWED DIVORCED	9 COUNTY OF DEATH Baltimore	
	TO CITY OR TOWN OF DEATH Catonsville		INSTITUTION (If not in haspital 12a USI	JAL DCCUPATION (Kind of work done nost of working life, even firetired)	
gte be executed within cian and campletely fill ease remave carban pro and in any event, within		cosed lived, funsitution Residence before	e 13c CITY OR TOWN 3d. INSIDE CTY		
xecc nover	14 FATHER'S NAME First	Middle Last	IS MOTHERS MA DEN NAME	- none	1 ach
in a an	William	unodic (#3)	Katie	rii ai gale	Last
ertificate be exception and chen please reminaval, and in an	16a WAS DECEASED EVER IN U.S.	IRMED FORCES? 16b SOCIAL SECURIT	Y NO 17 INFORMANT	Address NG GROVE STATE HO)SPITAL
The law requires that the death certificate attending physician. This bear signed by the attending physician is as the burial-transit permit. Then pleas high priar to burial, crematian, ar remaval, and	Candit ans, if any, which gaves to immediate cause (a stating the underlying cause) PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF COLOR OF TO CONSEQUENCE OF COLOR OF TO COLOR OF	& Bemolis	buller on part I(a)	TO STOWN ONSET AND DEATH
	199. DATE OF OPERATION 19	6 CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY? YES NO E	206. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
PHYSICIAN: The e haspital ar at this certificate has standed for use Dept. of Health	21a ACCIDENT WAS UNDERL	EATH HOUR A.M Month Day Yes	2) 6 HOW INJURY OCCURRED (Ent.	er nature of injury in Part 1 or Part 2	Item IB.)
G PHYSIC the haspi this certi detached	While Not while at work		(ACTORY.) 21f LOCATION Street or R.F.D. No.		County State
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. of Heal	causes stated abo	this haspital) attended the decea alive an <u>April 1</u> ve, (1) (we)(888) (dignot) view th	sed from June 19, 19, 19, 52, and that in (my) (8%) op e body after death.	50, ta April 1, 1 union death accurred on the c	$9\underline{-69}$, that 30) (we) last ate and haur and from the
OR All be retor DIRECT 3 she led with	220. SIGNATURE	aut.		MED STAFF DIRECTOR PHYS	DATE SIGNED 11-7-69
O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fill		a fael H. Marin, M.I		TYG GROVE STATE I timore, Maryland	INTAI: 21228
	230 BURIAL SREMATION, 23 REMOVA (Sope by) 24. FUNERAL DIRECTOR	pruf // 1969 235 NAME O ADDRES	F CEMETERY OR CREMATORY COULDED AND 250. REC D	23d LOCATION (LAY OF TOWN) PY REGISTRAR 25b REGISTRAR	
VR AIS VA	Riouse Fine	1. B/form 12/65	Day On AT DAYAPR	1 4 1969 Pelis	was Judge.







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N. All to



						DEPARTMENT OF		
•	' 1		05203	DIVISION OF VITAL		CATE OF DEATH	NMORE, MARYLAND 21201	05195
-	. 27	1 N	CEASED-NAME First		Aiddle	Lost	2g. DATE OF DEATH	2b. HOUR
1	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page I and with the State Dept. at Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after eath with the State Dept.		ype or print) MILT			RASBURGER		Doy 1969ear 7 A. M
		3. SE		4. RACE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 DATE OF BIRTH	6. AGE (In years	F JINDER I YEAR IF UNDER 24 HRS.
	y the Page Urs att	1	MALE	WHITE			6. AGE (In years last birthday) 96	MONTHS DAYS HOURS MIN.
	by by auri	7o	SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
	4 horers.	WE	STMINISTER MD.	U.S.A.	WIDOWED		BALTIMORE	Md
	in 24 filled pape thin 73	10 (ITY OR TOWN OF DEATH	11 NAME OF HO	SPITAL OR INSTITUTION (IF	not in hospital 12a. USL	JAL OCCUPATION (Kind of work do	12b. KIND OF BUSINESS OR
	with bon with with		LTIMORE	give street oddr CHAPEL	HILL NURSIN	The state of the s	nost of working life, even if retired SALESMAN	INSURANCE
	and completely free corbon in any event, with		USUAL RESIDENCE (Where decear	sed fived, if Institution Resid		MATERIAL I	UM TS? 130 STREET AND NUMBER 10 □ 3301 DORITH	AM DOCO
			MARYLAND	V	BALT	JYIUKE		
	P P P P P P P P P P P P P P P P P P P	14.	TATHER'S NAME First VICTOR	Middle C. S	Lost STRASBURGER	S. MOTHER'S MAIDEN NAME	LLIE	STEIN
	te b ian iase ind i	76a	WAS DECEASED EVER IN U.S. ARI			INFORMANT	Address	
	e death certificate b attending physician sermit. Then please an, or remaval, and	1	es, no prunknawn) It yes give t	enr ne dates of carriers)	-22-6003 MI	R. LEROY STRA	SBURGER. 3800 M	ENLO DRIVE
	cert g pt Ther		18. CAUSE OF DEATH (Enter or				0	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	ath ndin ir re		PART 1 DEATH WAS CAUSE IMMEDI	D BY:	eremons (Ell C.A. o	Lucuth	
	after offerm orn, o		1459	DUE TO, OR AS A CONS		1		
	the the sit punction		Conditions, if any, which gave use to immediate cause (o), ((b)	Retasta	so To a	usuth and 14	
	tha an. by tran		stating the underlying cause	DUE TO, OR AS A CONS	EQUENCE OF Num	162e w	ed Lymphote	TCS C
	ysici ysici ned rial-		lost.	(c)	The second second	TO THE TENANTAL DIFFEEL OF	CAUDITION OFFICE DANK IS	
	sig burd		PART 2 OTHER SIGNIFICANT CO	NOTHONS CONTRIBUTING TO E	JEATH BUT NOT KELATED T	O THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	aw nding been the artc	2	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	1206 IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
	he land	CERTIFICATION	THE OTHER OF THE CONTROL	CONDITION WHICH OF SIX		YES NO [CAUSES OF DEATHS	
	Set To Se		210. ACCIDENT WAS UNDERLYI				er nature of injury in Part 1 or Part	t 2, Item 1B.)
	CIAI Figure 1	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, notify medical exami		Day Year			
	hosp cer cher cher	W.	21d Ib PV OCCURRED 21e	PLACE OF INJURY (AT HOME, I	ARM. STREET, FACTORY.) 21f. I	OCATION Street or R.F.D. N	o City or Town	County State
	the this deta		nt work - ot work					
	by the property of the propert		22a. I certify that (1) (th	nis haspital) attended t	he_deceased_fram	2 - 45 - , 191	spring death accurred as the	19 <u>6</u> ¶, that (i) (we) last dote and hour and fram the
_	R: A	1	causes stoted abov	e, (1) (we) (did) (did nat) view the body after	deoth.	annan deam occorred un inc	s quie ona noor and mani m
	ATO State of the s		226 SIGNATORE	1100	/		MED. STAFF	22c. DATE SIGNED
	OR DIRE		Lucy	Valle Con	remo DEG	1111-3	MED. DIRECTOR PHYS	4-25-69
	May Mal May back fill be fill		22d. PHYSICIAN'S NAME (Type) CEC!	R VALLE CAVE	פו	22e. ADDRESS 8.4.2.9 T.T.	BERTY ROAD	·
	OSPI 14 r				Ic. NAME OF CEMETERY OF		23d LOCAT ON (City or Town)	(County) (State)
	Page 4 may be retained by the haspital or attending physician. Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please temayer again pagers. Page strough be filled with the State Dept. af Health priar to burial, crematian, or remayal, and in any event, within 72 haurs and strong the state Dept.	230	DEMONTAL (Consultation		HEBREW FRIE		BALTIMORE, MA	
	3//	24	FLINERAL DIRECTOR		ADDRESS	250_RECD	BY REGISTRAR 2Sp. REGISTR	AR'S SIGNATURE
	VR AY5/[4] 30M REV 1/68	S	OL LEVINSON & 1	3ROS.,6010 RE	ISTERSTOWN	RUAD APR	BY REGISTRAR 2SD REGISTR	ves fudge.



	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	05204 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 ACCUSED MASS
	Toccased Name (Type or Print) HENRY H. SULLIVAN OF EST. DEATH MATED Apr. 9, 1969
oy 3 t Pog	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE IN YOURS IF JINDER I YEAR IF UNDER 24 HRS. 20 DATE PRONOUNCED DEAD 20 HO. P.
ony delay is 2, and 3 to PM3. Page epartment of	Male White Aug. 3, 1910 States Months Days Hours M.M. Month Apr. Dog, Year 69 1/4-K
Dep de	70. BIRTHPLACE (Stole or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY) Virginia U.S.A. WIDOWED DIVORCED Baltimore
to h for	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
after death 8. Give Poges 1, olong with the state De	Dundalk give street oddress) 6905 Dunmanway blocker, with emed INDUSTRY Steel
hin 24 hours after death any delay is not in Item 18. Give Pages 1, 2, and 3 to niner's Office along with form PM3. Page pages tand with the State Department of hours after death.	130 USUAL RESIDENCE (Where deceased I ved, first,tut on Residence before 13c CITY OR TOWN odmission) STATEMENT Land 13b COUNTY Baltimore Dundalk 15c X NO 14 Admiral Blvd.
hours Office office	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
4 = 0 4 2	James S. Sullivan Lulu Turner
EDICAL EXAMINER: This certificate should be executed within 24 hours after death use execute the certificate, writing the word "pending" in pencil in Item 18. Give Page ector Page 4 should be forwarded to the Chief Medical Examiner's Office along with lined for your files. RECTOR: Page 3 should be used as a buriol-transit permit. File pages Land with the State buriol, cremation, or removal, and in any event within 72 hours after death.	160 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wer or dates of service) 223–20–4749 Thomas C. Sullivanl4, Admiral Blvd. 21222
File	The state of the s
urted gg ' r ical mit.	PART I. DEATH WAS CAUSED BY
exec ndin Med per per	4/0 Due to, or as a consequence of
be e "pel iief iief insit	Canditions, if any, which gave
ord ord e Ch e Ch	rise to immediate cause (a) Storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF
sho e w o th ouric	last (c)
TY DICAL EXAMINER: This certificate should be executed with please execute the certificate, writing the word "pending" in period director Page 4 should be forwarded to the Chief Medical Example retained for your files. **AL DIRECTOR: Page 3 should be used as a buriol-transit permit. File prior to buriol, cremation, or removal, and in any event within 72.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
rtifi riitii vard vard o be o	19a. Date of operation 19b. condition for which operation 20. Autopsy?
is ce forn forn e us	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of spury in Part Los Part 2 Item 18.)
Th ficat be d b	
INER: e certi should files. 3 shoul	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE DE INJURY (At home form street. 21f. IOCATION Street or R.F.D. No. City or Town County Store
MATIN the tsh tsh rfill a 3 s	21016 The state of
L EXAMI cecute the Page 4 for your DR: Page	WHILE NOT WHILE Toctory, office building, etc.)
AL EXA execute or Page of for you for You uriol, cre	22a. I certify that I toak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion
DIC DIC Se e sctor ned ned bu	death resulted fram: Natural causes Accident . Suicide ., Hamicide ., Undetermined manner .
DEPUTY DEGSE B. He funeral director S may be retained FUNERAL DIRECTOR Health prior to bu	ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF
IIY ry, l erol be r RAL price	SIGNATURE M.D. ASS STAN! MEDICAL EXAMINER LI
o DEPUTY necessory, the funero 5 may be 5 FUNERA Health pri	EXAMINER'S NAME (Type) Theodore C. Patterson, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city town, accounty 3427 Dundalk Ave.)
necessory, please execute the funerol director Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buriol, crem	230 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (C by or Town) (County) (State)
	Builar Apr. 12, 1969 MeadwRidge Dorsey, Md.
^	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5)	Ullrich Funeral Home, Dundalk, Md. APR 14 1969 (Clearles Junes)



MARYLAND STATE DEPARTMENT OF HEALTH



11	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			198
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy	Yeor 26 HOUR
ony delay is 1, 2, and 3 to rm PM3. Page Department of	3 5	SEX 4 RACE S. DATE OF BIRTH 6 AGE (n years Funder 24 Hrs. 2c DATE PRONOUNCED DEAD	Yeor 6 9 2d HOURD
s 1, 2, crm pl		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARR.ED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED DIVORCED BATTIMORE	Md
24 haurs after death ris Office along with farm so I and 2 with the State De rs after death	10	EITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (IF not in hospital during most of working life, even if tetired) 120 USUAL OCCIPATION (Kind of work done during most of working life, even if tetired) 120 USUAL OCCIPATION (Kind of work done during most of working life, even if tetired) 120 USUAL OCCIPATION (Kind of work done during most of working life, even if tetired)	KIND OF BUSINESS OR BIRY
2 with 1	130	OUSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MINIOE CITY LAMISS 13e STREET AND NUMBER odmission) STATE and 13b COUNTY Balto. Lovano YES NO 14 43 7 Schwarte	ave
rs Office ss land2	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle &	itchnes
within 24 pencil .r. xaminer's ile pages 72 haurs		WAS DECEASED EVERIN U.S. ARMED FORCES? Yes, no, or unknown) 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 15-12-0426 Robert Taylor-4917 Milwood a	ve Balte MA.
xecuted wirding" in pe Medical Examit. File It within 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) WHO WAS ARY EMBOLYS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be e "per "per Jief / Jinsit ever		Conditions, if ony, which gove isse to immediate cause (o). (b) METHS THE CARCINOMA OF OVILLY	10 YRS.
writing the word wording the word worded to the C sell as a burial-tra		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
fircate mg th ded 1 as a as a I, and	_	TAKE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RECARD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate cate, writing the be farwarded to	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO NO
NER: The cert fical hauld be lies. shauld lies. should lie stands or stion, or	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PM. 19 210 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1 HOUR A.M. P M. 19	8.)
	WE	21d .NJ.RY OCCURRED WHILE AT WORK AT	ounty Stote
NL EXA xecute Page far yai OR: Pag			ond in my opinion
please e. I director retained.		death resulted fram Natural causes , Accident , Suicide , Homicide , Undetermined manner	
> \ 0 = =		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 220 DATE SIGN	IED .
O DEPUTY necessory, ple the funeral dis S may be reft O FUNERAL DI Health pnar		EXAMINER'S WILL AM A. PILLSBURY DEPUTY, MEDICAL EXAMINER ADDRESS/SINGET, City, Town, Strounty)	
5	230	Burnal 4 25/69 Pleasant Rest Touson, Ballo. C	eo, nes.
VR A15ME (\$\)	24	FUNERAL DIRECTOR ADDRESS ADDRESS APER 23 1969 Colones & ATER 23 1969 Colones &	adgr.
3		ITERIO MA	



/X	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	100
FOR STATE	1 05207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	199
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN North Doy	Year 2b Hour
	DECEASED NAME First M ddle Lost 20 DATE KNOWN Month Doy OF ESTI- DEATH MATED 1 1 1 1 1 1 1 1 1	1969 85 M
Po a y	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS 20 DATE PRONOUNCED DEAD	/ 2d HOUR
ny delay is 2, and 3 ta PM3. Page	Mod the transfer of the transf	1991
ny deloy 2, and 3 PM3. Po	70 BIRTHPLACE (State or fore.gn 7b (ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	PIN FIGM
	(artinity)	
ges fai		Md. KIND OF BUSINESS OR
haurs after death Item 18. Give Pages 1, Office along with farm Iand 2 with the State Deg	give street address during most of working life, even firetired) INDUS	STRY
er c iive iig v iive	Essex 21221 Walnut Grove Road Steel Worker Iso USLA, RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY UM. 15?	nstruction
s after 18. Giv alang 2 with death.	the country	D .
71 de 16		
havra Item Office I and 2	THE THE PARTY OF T	Lost
24 in Irs	Charles W. Thomas Mary Elizabeth Dingle	
hin 24 not in nuner s pages hours	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes No or unknown) (if yes give were or dates all service) 215, 01 7726 Catherin Kellner Same	
Z Per Nit		
P= = (= 1 =)=	18 CAUSE OF DEATH (Enter only one couse per line for (d) (b) ond (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
wit wit	PART I DEATH WAS CAUSED BY MAN CEN OF UN NG	
end Me it p	JUST J DUE TO, OR AS A CONSEQUENCE OF	
be 'p hief ans	Conditions, if any, which gove) rise to immediate couse (a).	
ord ord e C e C sny	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sha sha c th c in c	lost (c)	
at at a Be	PART 2. OTHER S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifico ting rde, as	$\frac{1}{2}$	
This certificate should be executed within 24 hours after death ficate, writing the word "pending" in pencil in Item 18. Give Page be farwarded to the Chief Medical Examiners Office along with de used as a burial-transit permit. File pages Land 2 with the Stator remayal, and in any event within 72 hours after death.		20. AUTOPSY?
rem rem	WAS PERFORMED?	YES NO
TY DICAL EXAMINER: This certificate should be executed within 24 hours after death y, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, and director. Page 4 should be farwarded to the Chief Medical Examiners Office along with farm be retained for your files. **AL DIRECTOR: Page 3 should be used as a burial-transit perm.* File pages I and 2 with the State Depriar to burial, cremation, or remayal, and in any event within 72 hours after death.)
INER: e cert shauld files. 3 shau	PRIMARY OR CONTRIBUTING HOUR A.M. (AUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.E.D. No. City or Town Cou	
AIN sh sh 3 s 3 s		unty State
KAN te t ye 4 your	WHILE HOT WHILE TOCTORY, Office building, etc.)	
bical Examiner: se execute the certical ctar. Page 4 shauld ned far yaur files. ECTOR: Page 3 shau i burial, crematian,	220. I certify that I took charge of the remains, described above, held on Autopsy , Inspection , Inquiry ,	and in my opinion
Per far ex	deoth resulted from. Notural couses 1. Accident ., Suicide ., Hamicide ., Undetermined manner	r
please directs retaine retaine or to the	CHIEF MEDICAL EXAMINER [/
ITY CICA ITY, please ery, please ery be retained RAL DIRECTOR RAL DIRECTOR PRICE TO burious to buri	ACTUAL SIGNATURE	D //
any any be be	DEPLTY MEDICAL EXAMINER THE	7/69
necessary, please execute the certificate, writing the word "pending" in perform please execute the certificate, writing the word "pending" in performed director. Page 4 shauld be farwarded to the Chief Medical Exast may be retained far your files. 5 may be retained far your files. 6 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit perm. Files Health priar to burial, cremation, or remayal, and in any event within 72	NAME (Type) M. B. Davis, M.D. 6800 Mornington Roads (Dundalk, or Mdu) 21222 //	707
TO DEPUTY necessary, the funera 5 may be 10 FUNERAI Health pr	230 BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Coun	ity) (Stote)
	Burial 1/21/69 / Oak Lawn Cemetery Baltimore, Marylan	id
	24 EMERIL DIRECTOR 250. REGISTRAR 250 REGISTRAR 250 REGISTRAR SIGNAL AVE. 250. REGISTRAR SIGNAL AVE. 2	Theoleto .
VR A15ME [5]	Bruzdzinski Funeral Home 1407 Eastern Ave.	a
101		

MAKTLAND STATE DEPARTMENT OF HEALTH



	1			STATE DEPARTMENT OF H		
		05208		301 W. PRESTON STREET, BALTH ERTIFICATE OF DEATH	MORE, MARTLAND 21201	05200
		OECEASED NAME First (Type or print) Harr	Middle Y Lester	Thompson	Aprimenth 107	1969 12nom
	3.	Male	4 RACE White	S DATE OF BIRTH '4/24/03	6. AGE (In years ast_bubbay) 65 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
		BIRTHPLACE (State or foreign mitry) Balto., Md.	76 CITIZEN OF WHAT COUNTRY? U. S. A.	8 MARRIED NEVER MARRIED SUDOWED DIVORCED	COUNTY OF DEATH Baltimore Cou	inty Md
	× 10	Catonsville	11 NAME OF HOSPITAL OR INS	ve State Hosp Ret. 12a USUA.	OCCUPATION (Kind of work done staf working fe, even if retired) Salesman	12b KIND OF BUSINESS OR INDUSTRY
	13e odr	USUAL RESIDENCE (Where decease rission) STATE Maryland	ed lived, if institut an Residence before	13c. CTY OR TOWN 13d INSIDE CITY LIM Catonsville YEX NO	152 13e STREET AND NUMBER	ood Road !21228
f	14	FATHER'S NAME First Harry	Middle last Thompson	'S MOTHERS MAIDEN NAME FIT		Thompson
	16	. WAS DECEASED EVER IN J.S. ARM		O 17 INFORMANT	Address ing Grove State H	*
		PART 1. DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COM	te cause (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) Generalize			APPROXIMATE WTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	19a. DAYE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	MFD4CAL CER	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Day Year P.M. 19		nature of injusy in Part 1 or Part 2, 1	
	2	While Not while		ORY.) 21f. LOCATION Street or R.F.D. No	City or Town	County State
		220 I certify that (1) (the saw the deceased a causes stated above	s hospital) ottended the decease ve an (i) (We) (did nat) view the b	d from 7/21/07 19 25, and that in (my) (over) apir ady after death.	ion deoth occurred an the do	te and hour and from the
		22b SIGNATURE	Artenteoples.	MD DEGREE PHYS DI		DATE SIGNED 1-18-69
-		22d PHYSICIAN'S NAME (Type)	ELIO A. FELIPE	= mi) 22e ADDRESS Spr. Balt	ing Grove State Frimore, Maryland	losnital 21228
	23	BURIAL CREMATION, 236 I		EMETERY OR CREMATORY NOTE National	23d LOCATON (Caty or Town) Balto. City Ba	(Caunty) (State)
1	24	FUNERAL DIRECTOR Howard H. Hub	ADDRESS bard 4107 Wilkens	Ve. 21229 250. RECD BY		SIGNATURE

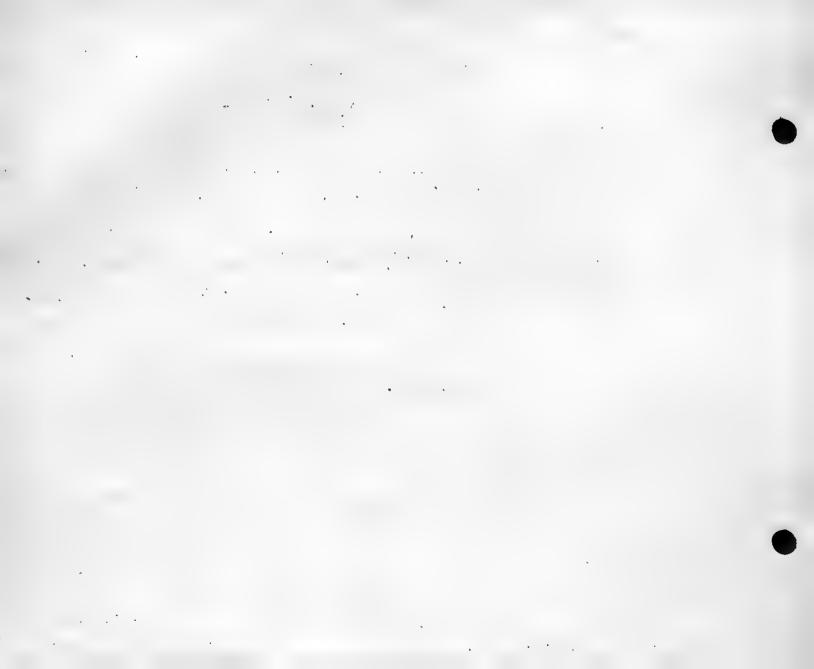


	-		1152(13) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	^ -
4º	FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05201
	HEALTH DEPT. □ □ □ □ □		TYPE OF PRINT) SHERRY GENENE TOTH 20 DATE KNOWN Manth D. 0F ESTI- 0EATH MATED April	23, 1969? M
	nd 3 13 Pa went	3 5		Year 1969 ? M
(-E 42 E 121		BIRTHPLACE (State or foreign 7b CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Baltimore	Md
	death re Page with f with f	10.		NEW THE STATE OF BUSINESS OR DUSTRY
	hours after death Office along with farm Land 2 with the State De after Teath.	130	USUAL RESIDENCE (Where deceosed lived of institution: Residence before 13c (ITY OR TOWN dmission) STATE Maryland 13b (OUNTY Baltimore Basic No. 13d INSIDE CITY UMITS? 13d INSIDE CITY	
1		14	ATHERS NAME FIRST MIDDLE LOST IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE SHOW A FIRST MIDDLE STERRAK	Lost
	hau page		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na. gr unknawn) (If yes give war or doines of service) 16b. SOCIAL SECURITY NO 17 INFORMANT MR. IS HMAEL G. TOTH 948	BAYNOR P.
	TY DICAL EXAMINER: This certificate shauld be executed with please execute the certificate, writing the ward "pending" in period director. Page 4 shauld be farwarded to the Chief Medical Exame retained for your files. (AL DIRECTOR: Page 3 should be used as a burial transit permit. File prior to burial, cremation, ar remayal, and in any event within 72		IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Meningococcemia (Waterhouse-Fredrichsen Syndrome Out o, / Due To, or as a consequence of Candilians, if only, which gave rise to immediate couse (a), storing the underlying cause (b) Due To, or as a consequence of Due To, or as a consequence of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ikate sh ing the ded ta t as a bur I, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	te, writt farwar e used remayal	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☑ NO ☐
	MINER: This the certificate, the certificate, 4 shauld be for it files. e 3 should be used incition, or ren	MEDICAL CER	21d EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	18)
	XAMIN ute the ge 4 sh yaur fill page 3 s	WE	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f LOCATION Street of R.F.D. No. City of Town	County State
•	TO DEPUTY DICAL EXAMINER: necessary, please execute the cert the funeral director. Page 4 shaule 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should prior to burial, cremation.		NAME (Type) ADDRESS(Street, city, tawn, or county)	ond in my opinion SNED 3/69
	Q = = ~ Q =	24	BURIAL HIZC/1969 OAKLAWN CEMETERY DALTIMORE JUNERAL DIRECTOR 250 RECID BY REGISTRAR 256 REGISTRAR 5-6	
	VR A15ME (5) \ 1	150	MARIA L KONTO PAULSKI 1525 FLEET ST. APR 29 1969 VILLINGE	11 4

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF REALIT DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0520% CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 20. DATE OF DEATH 2b HOUR and 2 death. requires that the death certificate be executed within 24 haurs after death funeral (Type or print) Month Se by the fun ges: 1 4. RACE S DATE OF BIRTH 3 SEX AGF (In years MONTHS YRS 70 BIRTHPLACE (State or fore an 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? country) lease remaye carban papers. and in any event, within 72h WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR most of work notice. even if setured) 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b COUNTY av 14. FATHER'S NAME Middle Middle Last 15. MOTHER'S MAIDEN NAME First Lost attending physician sermit. Then please 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address/ burial, cremation, ar remayal, reland 18. CAUSE OF DEATH (Enter only one cause per line for (a),-(b), and (c) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF storing the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 17 Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M (AT HOME FARM, STREET FACTORY,) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 1-3-, 1967, to 7-, 1997, 1101 (I) (we) 1031 saw the deceased glive an 1-6- 1967, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we)(did) (did not) view the body after deoth 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR 22d, PHYSICIAN'S 22e ADDRESS FREEDOM BURIAL CREMATION, REMOVAL (Specify) 23b DATE (State) 25o. REC'D BY REGISTRAR 25b VR A15 (4) 30M REV



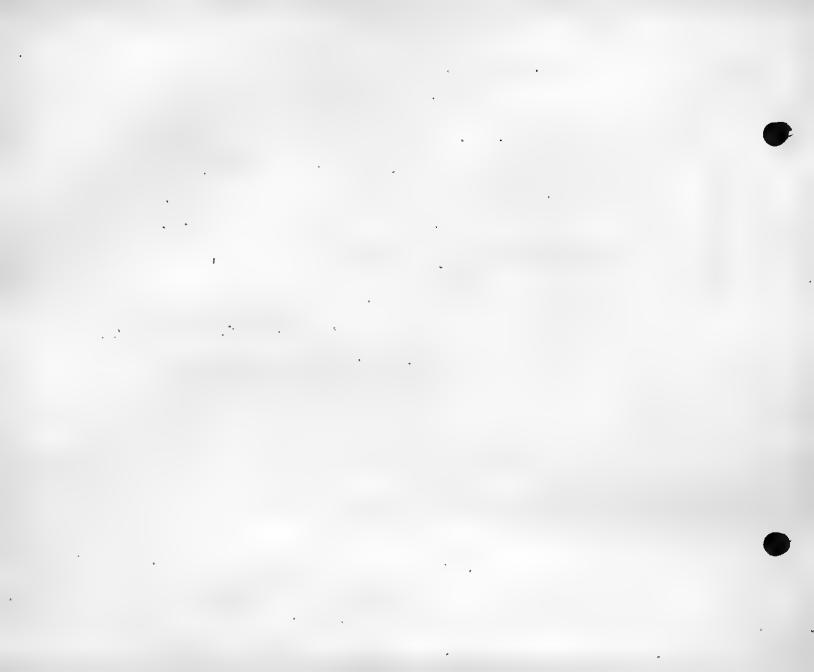
1 X I	05211	MAKYLA DIVISION OF VITAL RECORD	NNU STATE DEPARTMENT		21201
	Item6 FilmG411		CERTIFICATE OF DE		05203
4 -24 \	1. DECEASED-NAME First	Middle	Last	2g. DATE OF DEATH	2b. HOUR
r death uneral 1 and 2 2r death		ohine R	Trombetta	April	
fer fer	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
SI	Female	White	October		76 YRS.
型 基础	(7o. BIRTHPLACE (State or foreign country) I taly	75. CITIZEN OF WHAT COUNTRY? USA.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		200
Illed pape	10. CITY OR TOWN OF DEATH	IT NAME OF HOSPITAL OR	INSTITUTION (If not in hospital 1	2a USUAL OCCUPATION (Kind of	11.01
ely fill	Towson	give street oddress)	Nursing Home	during most of working life, even HOUSOWITE	
ecuted within 24 completely filled ave carban pape y event, within 7	130 USUAL RESIDENCE (Where deced admission) STATE Maryland	sed lived/ if institution: Residence before 13th COUNTY	re 13c CITY OR TOWN 133d IN YES.	ISIDE CITY LIMITS? 13e. STREET AND	NUMBER orth Charles St
S A A	14 FATHER S NAME First	Middle Losi			Middle Lost
en de	Biag		Philom		? ?
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital or attending physician. **IRECTOR: After this certificate has been signed by the attending physician and completely filled in the function of a shauld be detached far use as the burial-transit permit. Then please concave carban papers. *** Access 1 and 3 shauld be detached far use as the burial, cremation, ar remaval, and in any event, within 72 bacters after death and with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 bacters after death	16a. WAS DECEASED EVER IN U.S. AR		TY NO. 17 INFORMANT	ine Lucas 1564	Address
phy phy nava				THE Ducas 1504	APPROXIMATE INTERVA.
oth oding	PART I DEATH WAS CAUSI	nly one cause per line for (a), (b), and (D BY.	o rilla March	en annident	BETWEEN ONSET AND DEATH
dec utten ermi n, aı	IMMED:	DUE TO, OR AS A CONSEQUENCE	OF	1	7.407.5
the chit point in poi	Conditions, if any, which gave	0	toel CNS	disease	10 4
that in. by t rans	nse to immed ate cause (a), stating the underlying couse		OF		
rres ysicii ned ial-t	last.	(4)	<u> </u>		
The law requires th attending physician has been signed by se as the burial-tra ih priar ta burial, cre	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISI	EASE OR CONDITION GIVEN IN PART	1(a)
law nding beer s the iar to	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g AUTOPSY?	20b. IF YES, WER	E FINDINGS CONSIDERED IN CERTIFYING
The attel has se as	190 DATE OF OPERATION 196		YES 🗀	NOTE CAUSES OF DEATH	H?
or ate			21c. HOW INJURY OCCURRE	D (Enter noture of injury in Port	i or Part 2, Item 18.)
price pritalificial and for	(If either, natify medical exam	iner) P.M.	19		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached far use as the burial-transit permit. The should be tiled with the State Dept. af Health priar ta burial, cremation, ar rem	While Not while	. PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING, ETC.	, FACTORY.) 21f. LOCATION Street or I	R.F.D. No. City or Tawn	County State
NG Ny th ter t ter de tate	at wark at wark 22a. I certify that (I) (t	nis haspital) attended the dece	ased fram/ \	, 1960, to 4/	16, 1967, that (1) (we) last
ed bed by the Side bed by the Side by the	saw the deceased	alive an 4/16. e, (I) (we) (did) (did nat) view t	_19_67, and that in (my) (c	our) apinian death accurred	on the date and hour ond from the
ATTA ATTI	22b. SIGNATURE	e, (i) (we) (ala) (ala liai) view ii			22c DATP SIGNED
OR ATTENE be retained DIRECTOR: A e 3 shauld ed with the	Man	ree Fildman	DEGREE PHYS	MED. STAFF DIRECTOR PHYS	0 4/16/69
AL DAG	22d PHYSICIAN S NAME (Type)		22e. ADDRESS	6610 Cross Co	untry Blvd
A m A m NER Star,	Maur	ice Feldman Jr M.			
Page 4 may be retained by th To FUNERAL DIRECTOR: After th director, page 3 shauld be de should be filed with the State			of CEMETERY OR CREMATORY athedral	23d. LOCATION (City of Baltimore)	
00	24 FUNERAL DIRECTOR	Inc. Baltimore,			REGISTRAR'S SIGNATURE
OM REV. 128	Leonard J Ruck	Inc. Baltimore,	rarytand DAI	EABB 1 7 1000	Ochantes anses.



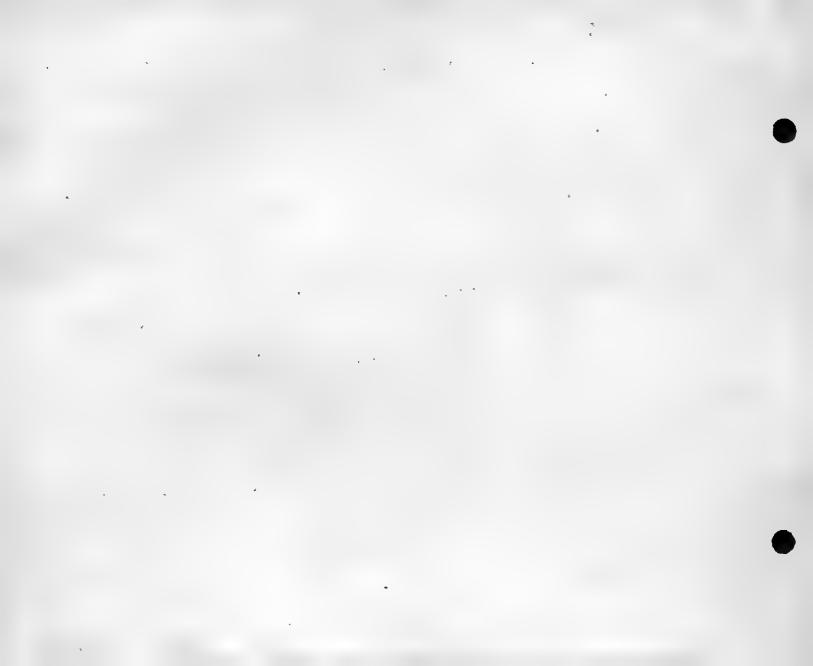
	1			DIVICION OF VITAL DECODES	201 W DESTON STREET DAIL	HALIM	
12	1		05212	DIVIDION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARTLAND 21201	520;
-	5.75	1. D	ECEASED-NAME First		Lost	20. DATE OF DEATH	2b HOUN
after death	and 2 death.		Ype or prent) JAMES	S D.	TRUMAN	4-10mth-69 Doy	Year 1:354
F de	I s l	3 5		4 RACE	S. DATE OF BIRTH	6. AGE (in years	F UNDER I YEAR F JINDER 24 HRS
	obrzidler	L	MALE	CAU	11-02-23	rost beinday) YRS.	ONTHS DAYS HOURS MIN
24 hours	IO BIR		BIRTHPLACE (State or foreign intry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
24 h	72 72		W. VA.	USA	W-DOWED DIVORCED	BALTIMORE CO.	Md.
ithin ly fille	please remave carban papers I, and in any event, within 72 I		OWSON, MD.	11 NAME OF HOSPITAL OR IN give street address) CRTP BATT		E OCCUPATION (Kind of work done staf warking life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
ere ×	arb V, tc			sed lived, if institut an Residence before	13c CITY OR TOWN 36 INSIDE CTY JE	13e STREET AND NUMBER	STEEL
cute	eve N.W.	odm	ssion) STATE MD.	136 COUNTY BALTO	ESSEX YES NO		O LANE
exe	any	14 1	ATHER'S NAME First	Middle Last	IS. MOTHER'S MA DEN NAME FI	rst M.ddle	Last
pe u	din		JAMES	E. TRUMAN	5RACE 1	MYERS TRUM,	AM
e death certificate be executed within 24 attending physician and campletely filled	burial, trematiah, ar remaval, and in any event, within 72 burial, crematiah, ar remaval, and in any event, within 72	16a. Y	WAS DECEASED EVER IN U.S. ARN es, no, or unknown) (If yes give w	MED FORCES? rear or dates of service) 16b SOCIAL SECURITY 236-26	2-2/	Puman AB	COVE
e de	Ther may		18 CAUSE OF DEATH (Enter on	ly one cause per ne far (a), (b), and (c)		7,-	APPROXIMATE INTERVAL
£ +8	1/2		PART I. DEATH WAS CAUSED	D BY: PNEUMON I			24 HRS.
de de	oh, ar r		16) 1 IMMEDIA				AT LIND.
nt the	¥ 5		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF CARCINOM	A OF THE LUNG		10 MONTHS
that oy if	ans		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
ed !	al, a		last,	(c)			
requires that the death g physician.	buri		PART 2 OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART I(a)	
Jw I	the or to	Š	10. DATE OF ORESTTON	COMPUTATION COR NEW CO. OPER TRANSPORT			
O HOSPITAL OR ATTENDINE FILYSICKIN: The law requires the Page 4 may be retained by the haspital or attending physician.	se as th pric	CERTIFICATION	190 DATE OF OPERATION 196 (CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20₀. AUTOPSY? YES \ NO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
≕ o e e	r us		210 ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Ite	m 18.)
ENYSICE. e haspital (후	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year ner) P.M.	9		,
IYS has	ache ept.	₩	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
를 속 된	det te D		ot work at work				
DIII	Sta	Ш	22a. I certify that (I) (thi	is haspital) attended the deceas	ed from 3-22- , 19 6 1969 , and that in (my) (our) opin	9 , to 04-17- , 1969	that (I) (we) last
TEN TEN OR:	the the		causes_stated abave	e, (I) (we) (did) (did not) view the	bady after death	itan death accorded an the date	and naur and from the
A PET	4s f		226 SIGNATURE	2 C 111	ATTENDING MI		TE SIGNED
OR DIR	ed 3		Cloker	PL Donith, 1.	DEGREE PHYS DI	RECTOR D STAFF & APR	IL 17, 1969
ITAI may	be fi		22d. ♦HYSICIAN S NAME (Type) DTCH	HARD L. SMITH,	22e ADDRESS	OHA DE DO COMPTON	
OSP A - A -	sign /	22-	1/1-01.			CHARLES STREET	
TO HOSPITAL OR ATTENDILLE Page 4 may be retained by the	director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior ta	250.	BURIAL, CREMATION 235 D REMOVAL (Specify)	4/19/69 DAK	CEMETERY OR CREMATORY	23d LOCATION (City or Town) BALTO. MD.	(County) (State)
	R AISTAN	24	FUNERAL DIRECTOR	ADDRESS ADDRESS	Jerry	REGISTRAP 2 25h REGISTRAR S	GNATURE
45	W - 1/64	1	onselly In	inerg Hnie	MACE DATE	1 1000	00



. 1	1			RDS, 301 W. PRESTON STREET, BA		05205
*		05213		CERTIFICATE OF DEATH		
death.		ECEASED-NAME fire (Ype or point) Will	st M.ddle lliam A.	Lost Turek	2a. DATE OF DEATH 4 Month 13 Da	Y 69 Year 2b. HOUR
s affer the Co toger is after	3. SI	Male	4. RACE Caucasian	5. DATE OF BIRTH 7-29-0-3	6. AGE (In years last birthday) 5 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MICHTHS DAYS HOUPS MIN
within 24 hours after rely filled in by the 40 ban papers. Page, , within 72 hours after	COU	BIRTHPLACE (Stote or foreign lift) Baltimore	76 CITIZEN OF WHAT COUNTRY? U.S.A.	B MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH Baltimore (1	'owson) Md
within ?	10. (Baltimore	give street address)	Joseph Hosp. during	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	
ompleti event,	13a adm	USUAL RESIDENCE (Where dece ission) STATE Mary lar	nd 13b. COUNTY		17 LIM 157 13e STREET AND NUMBER NO□ Box 39 Trump	s Mi'l Road
be exe	14,	TATHER'S NAME First Vacla	_	ost 15 MOTHERS MAIDEN NAMI rek Katherine		Last
tificate hysiciar n pleas val, and		WAS DECEASED EVER IN U.S. A 'es, na, ar unknawn) (If yes grv	RMED FORCES? 16b. SOCIAL SECTION 16b. SOCIAL S		Address Turek, wife, al	bove
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be disched for use as the burial, crematian, or removal, and in any event, within 72 hours attached the page of the property of the plant o	7	Conditions, if any, which governse to mmediate couse (a) stating the underlying cause last	DUE TO, OR AS A CONSEQUEN (b)	use Extensive Myc	Cardial Infarction Disease DISTORCONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
The law attendir has been see as the har har the right.	CERTIFICATION	19a. DATE OF OPERATION 19	ж. CONDITION FOR WHICH OPERATION V	YES NO	_	
ICIAN: pital or rifficate ed for u	MED.CAL CE	21a. ACCIDENT WAS UNDERLY or contr buting cause of bi (If either, natify medical exar	Manth Day P.M. Manth Day	Year 19	nter nature af injury in Part 1 ar Part 2,	Item 18.)
5 PHYS the has this ce detache	Σ	at work ot work		(LET, FACTORY.) 21f. LOCATION Street or R.F.D.		Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-train, should be filed with the State Dept. of Health priar to burial, are		22a. I certify that (I) (i saw the deceased couses stated abo 22b. SIGNAPURE 22d. PHYSICIAN'S	this hospitol) ottended the de alive an ove, (1) (we) (did) (did not) view	ceosed from	apinion deoth occurred on the de	that (I) (we) lost ofte ond hour and from the DATE SIGNED 12:03 4-13-65 PM
TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fill	230	NAME (Type)	b. DATE 23¢ NA/	AE OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
70 H 20 H			4/17/69 Ho	ly Redeemer Cemet		e, Md.
30M REV. (8)	24.	Shimunek I	- 1	3331 Orchma LA. DATAP		when Judge.



7	7	1			D STATE DEPARTMENT OF		
	ı		05214	CERTIFICATE OF DEATH			05206
	after death. the funeral ges I and 2 offer death.		ECEASED NAME First Type or print) MAF	RIE T. VAL		20. DATE OF DEATH 4 Month 30Doy	69° 1:28 R
	10	3. 5	FEMALE	4. RACE NEGRO	S. DATE OF BIRTH	-90 6. AGE (In years last birth 48 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MAN
•	d in by the	7a cou	BIRTHPLACE (State or foreign nitry) Va.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED MINEYER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md
	d within 24 letely filled orbon pop nt, within		CITY OR TOWN OF DEATH BALTIMORE	/		SUAL OCCUPATION (Kind at wark done most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
	ecuted with completely love corbon y event, wit	3a. adr	LSUAL RESIDENCE (Where decease issuan) STATE Loud.	d lived if institut on Residence before	Balto. 13d INSIGE CITY Balto. YES	NO 130 STREET AND NUMBER	or Ct.
		14	FATHER S NAME First	M. ddle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
•	ATENDING PHYSICIAN: The low requires that the death certificate be executed within etoined by the hospitol or ottending physicion. CTOR: After this certificate has been signed by the ottending physican and completely fill should be detached for use as the burial-transit permit. Then please-remove corbon part the State Dept. of Health prior to burial, cremation, or remayal, and in any event, with		WAS DECEASED EVER IN U.S. ARMI (es, no orphonown) (Il yes give wo	ED FORCES? 16b SOCIAL SECURITY Notes that the second of t	17 INFORMANT Thaddeus Val	le tine 1600 Mor	untmor Ct.
			PART I DEATH WAS CAUSED HMMEDIAT Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	E HEART FAILURE SMALL OLD MYOCA RONARY ATHEROS	E WITH PULMONARY EDEMA AROIAL INFARCTS SCLEROSIS R CONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	The low rottendiin to thos been use as the lith prior	CERTIFICATION		OND-TION FOR WHICH OPERATION WAS PER	YES 🔀 NO [
	PHYSICIAN: e hospitol or his certificate stacked for or	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (If either, natify medical examine) 21d INJURY OCCURRED 21e. F	G 21b TIME OF INJURY HOUR A.M Month Doy Year er) P.M. 19 PLACE OF INJURY (AT HOME FARM, STREET FAC	TORY.) 21f. LOCATION Street or R.F.D. N	nter nature of injury in Port 1 ar Port 2, It No. Gty or Town NOON to 1:30	County State
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22a. I certify that (Daths saw the deceased all causes stated abave, 22b SIGNATURE	s haspital) attended the decease ive an 4-30 1 PM 1 (ii) (we) (did) (did not) view the back C. Room, LES C. BROWN, M.	ad fram 4-30 , 19. 9-69, and that in (xax) (aur) a pady after death. 450 _ DEGREE PHYS	pinian death accurred an the dat	69, that (We) last e and haur and fram the
	Page TO FUN direct shoul			3-69 Abbu	TEMETERY OF CREMATORY tus "em. Pk.	23d LOCATION (City or Town) Baltimore, 1	(County) (State)
	VR A15 VA	24	FUNERAL DIRECTOR V.R. I	Bailey ADDRESS L Home 1348 Jal	2So REC'D	BY REGISTRAR 1960 REGISTRAR	



eb 1		STATE DEPARTMENT OF HEALTH	
1 🎉 🔠		DI W. PRESTON STREET, BALTIMORE, MARYLAND 21	
	CE	RTIFICATE OF DEATH	05207
	1. DECEASED-NAME First Middle	Lost 2a. DATE OF DEATH	2b HOURA
	(Type or print) ETHEL HOLT	VIVIAN APRIL	3 1969 6:30 M
	3 SEX 4. RACE	S. DATE OF BIRTH 6. AGE (In ve	POTS IF UNDER YEAR IF UNDER 24 HRS.
	Female White	October 25, 1878 ast birthdo	YRS. OAYS HOURS MIN.
	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		WIDOWED DIVORCED Baltim	ore Co. Md.
	10. CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL OR INSTIT		k done 12b KIND OF BUSINESS OR
	Lutherville give street address COLLEGE MA	ANOR dur ng mast af working life, even if re	etired) INDUSTRY
	13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13	3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUM	ABER
	odmission) STATE 13b COUNTY I	Balto. City YES X NO Wyman Pa	rk Apts.
	14. FATHER'S NAME First Middle Last	15. MOTHER S MAIDEN NAME First M.	iddle Lost
	William Edwin Holt		itia HOLT
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wer or dates of service)		dress Balto., Md.
	NO 213-48-434	12 Ethel H.V.Chambers - 204	Ridgewood Rd.
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	11 7 . 4	APPROXIMATE INTERVAL BETWEEN ARET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of a mesendere Una	word Vays
	DUE TO, OR AS A CONSEQUENCE OF	1.1	1/
	Conditions, if any, which gove is to immediate cause (o),	- <i>V D</i>	1 Ears
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
	lost. (c)		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a))
	X6		
,	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFO	CALISES OF DEATH?	NDINGS CONSIDERED IN CERTIFYING
		TES NO	
		21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar	Part 2, Item 18.)
	(If either, natify medical examiner) P.M. 19		
	- EZIG. INJURT OCCURRED IZIB. FLACE OF INJURY FOR TORRE, TARRE, STREET, TOURS	21f. LOCATION Street or R.F.D. No City or Town	County State
	While Not while of work of work		/ 10 60 0 (1) / 1
	22a. I certify that (I) (this haspital) attended the deceased saw the deceased alive and the deceased alive alive and the deceased alive alive and the deceased alive alive alive alive and the deceased alive alive and the deceased alive	from 5/10/6/, 19 , 10 4/3/	the date and hour and from the
	causes stated abave, (1) (we) (did) (did nat) view the ba	dy after death.	The date and fider and fram the
	22b. SIGNATURE		22c DATE SIGNED 4/4/69
	17 Counter	DEGREE PHYS. DIRECTOR STAFF PHYS.] 4/4/69
	22d. PHYSICIAN'S	22e ADDRESS	04.01.0
	NAME (Type) Richard K. Gundry, M.	.D. 2 W. University Pa	
		METERY OR CREMATORY 23d LOCATION (City or Tow	
		N MOUNT CEMETERY Baltimore	e, Md.
	24 FUNERAL DIRECTOR ADDRESS SEEWART & MOWEN CO.108 W.North A	2So REC'D BY REGISTRAR 2Sb. REG	GISTRAR S SIGNATURE
1	DEEDWARD OF MOREM DOLLOG HANDE ON W.	V. Balto. 1 DATE APR 7 1949	Charles Jules



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05216 05208 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o COUNTY MARYLAND b CITY OR TOWN (If outside carparate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) write RURAL and give negrest lawn timore 10 mo. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Home YES NO IX NAME OF Middle DATE Day Year DECEASED OF DEATH (Type or print) S SEX 6. COLOR OR RACE AGE IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last highhday) Manths Davs Hours X WIDOWED DIVORCED puo 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) physician ien please INDUSTRY COUNTRY? Pickerton Ireland Guard 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Patrick Wallace Maria Taylor IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Son) (Yes, na, or unknown) (If yes give war or dates of service) 19-16-9504 Richard P. Wallace 1608 Rosewich Ave. 37 Yes har INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave It Emples To rise to immediate cause (a), DUE TO stating the underlying cause has been be detached for use as the State Dept. af Health prior WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION YES -NO K certificate 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, After this (City or town) (County) (State) Hour o.m. While Nat While factory, street, office bldg., etc.) at wark 21. I certify that (1) (this baseital) attended the deceased fram. , 19 6-2, to be retained TO FUNERAL DIRECTOR: 1969, and that death accurred at 905 A, from/causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF director, page 3 should be filed v MD PHYS DIRECTOR PHYS 22c. PHYSICIAN'S NAME (Type) 22d ADDRESS EN MEWASON/ MAN NAME OF CEMETERY OR CREMATORY 23a, BURIAL CREMATION. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 5/1969 Baltimore National Cemetery Baltimore, Maryland Burial Road 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So REC D BY REGISTRAR Seitz 5% 09 York Road Baltimore, Maryland 21212 ARR VR A15 (4) 25M 1/67 urenia K. Se eltz Funeral Toloman



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05209 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Miødle 20. DATE KNOWN (Type or Print) B. Wartman Ann 2, and 3 to PM3. Poge DEATH MATED & AGE on years IF LINDER 24 HRS 3 SEX 4. RACE 5 DATE OF BIRTH F LINDER YEAR 2c DATE PRONOUNCED DEAL 60 yp HOURS Female White March 1. 1909 YRS 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (Ourtry) Maryland U. S. A. Baltimore WIDOWED [7] DIVORCED TT 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working ife even if retired.) give720 5doWoodrow Avenue INDUSTRY Colgate 130 USUAL RES DENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY altimore admission) STATE TVland 7205 Woodrow Ave. Colgate Office of YES NO 🖼 land 2 \ 24 hours in Item 1 ofter IS. MOTHER'S MAIDEN NAME First 14. FATHER 5 NAME Middle Last M.ddle Oechsler Deitzer John Margaret poges ADDRESS Balto. Md. 21224 (Husband 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT in pencil Nes, no, or unknown) (If yes give war or dates of service) 213-26-3268 Charles H. Wartman Sr. 7205 Woodrow Ave. File 72 APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH permit "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gove rise to immediate cause (a), in any the word should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause should be forworded to gup PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) This certificate writing 05 removol CERTEFICATION used 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES [þe ō 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING 3 buriol, cremotion, CAUSE OF DEATH 21e PLACE OF INJURY (At nome form, street, foctory, affice building, etc.) 21d INJURY OCCURRED 21f JOCATION Street or R F.D. No. City or Town County Stote WHILE NOT WHILE D 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry X, and in my opinion Notural couses X. Accident . death resulted from Suicide . Homicide . Undetermined monner CHIEF MEDICAL EXAMINER 4/28/69 225. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 3724 Dundalk Ave. DEPUTY MEDICAL EXAMINER 5 moy FUNE Health Theodore C. Patterson M. D. ADDRESS(Street, city, town, or county) Dundalk, Maryland NAME (Type) 230 BURIAL CREMATION REMOVAL (Specify) Burial 23b DATE 4/30/69 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Baltimore, Maryland Oak Lawn Cemetery ADDRESS 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE John J. Duda, 7922 Wise Ave. Dundalk, Md. VR A15ME



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FOR STATE	MEI MEI	DICAL EXAMINER'S CERTI	FICATE OF DEATH		nagit
HEALTH DEPT.	DECEASED NAME First	Middle	Lost	20. DATE KNOWN X Month	Doy Yeor 2b HOU
÷ 6 0 5.	(Type or Print) RUTH	Ann	WATSON	OF ESTI-	19
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5 a 4 v 5 g	23o BURIAL, CREMATION 23b DATE REMOVAL (Specify)	23c. NAME OF CEMETERY OR CR		LOCATION (City or Town)	(County) (State)
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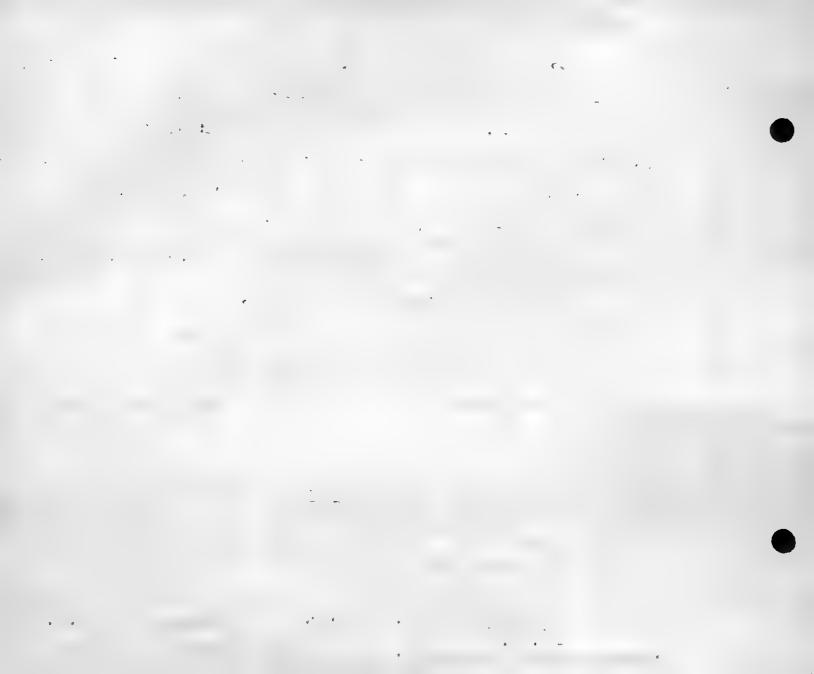
<i>y</i> 1	MAKYLAND STATE DEPARTMENT OF HEALTH OF O 1 (3) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	110613	5211
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JTY. F	SIGNATURE MD DESCRIPTION OF THE PROPERTY AND ED	17-69
o DEPUTY EDICAL E necessary, please exect the funeral director. Po S may be retained for O FUNERAL DIRECTOR: Health prior to burial.	NAME (Type) WILLIAM A. PILLSBURY ADDRESS(Street PA), BUT STORMY MIT.	
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^	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 256 REGISTRAR'S S GNA	
VR A15ME (5) 19M REV, 1/68	Leonard J. Ruck Inc. Balto. Md. DATAPR 2 1 1969 Policyle	3 Judges



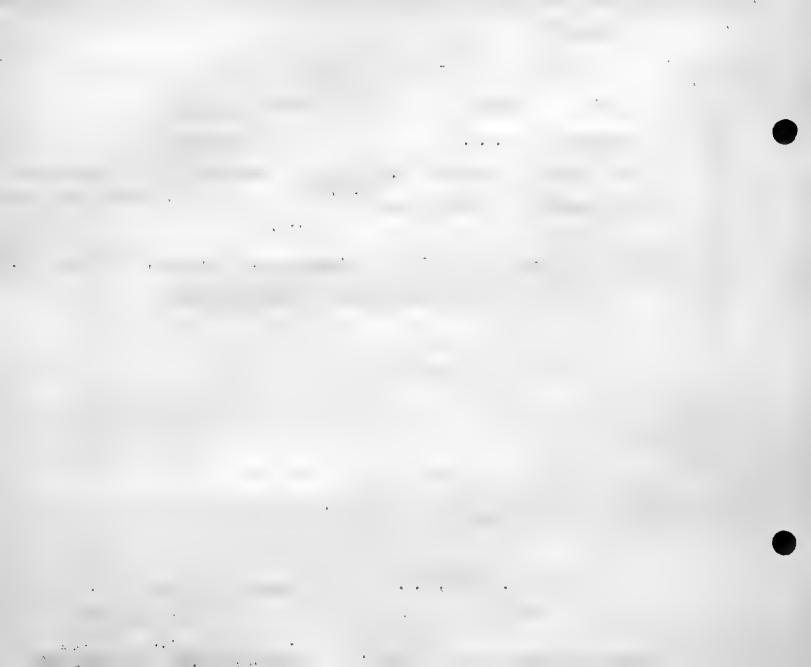
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4 4 54		ECEASED NAME First	Middle Middle		Last	20.	DATE OF DEATH	2b. HOUR
ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 hours after death. STOR: After this certificate has been signed by the attending physician and completely filled up by the funeral shauld be detached far use as the burial-transit permit. Then please remays carbon papels. These if and 2 shauld be detached far use as the burial, crematian, ar remayal, and in any event, within 72 hours after death.		(ype or print) MORRI			WEINER		APRIL Month 23	Day 1969 12:10PM
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F - F 0	24	FUNEDAL DIRECTOR	ADDOES	:	1			RAR'S SIGNATURE
VR AT TAN	S	OL LEVINSON & 1	BROS., 6010 REISTE	RSTOU	N ROAD	DATE APR 2	5 19R9 25h REGISTA	Constan Judges



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05221 CERTIFICATE OF DEATH 0521 1. DECEASED NAME Middle Lost First 2g DATE OF DEATH 26. requires that the death certificats—becexecuted within 24 hours after death. Month) (Type or print) Doy19 Yeor 69 Cora Welch 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF JINDER 24 MRS 4-9-1884 dase birthdoy) MONTHS ! OAYS White HOURS Female prysucu...
signed by the ottending physicion orld lompletely filled in by the
burial-tronsit permit. Then please semove corban papers. Pops
burial. cremation, ar removol, and in any event, within 72 hours at 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED | NEVER MARRIED country Varyland Baltimore County U.S. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR State Hospitaduring matter porking life, even if retired.) INDUSTRY None Catonsville 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 14 S. Tremont Road 136. COUNTY Raltimore NO T YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost Last Alawish Welch Emma ? 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) (If yes give wer or dates of service) Spring Grove St. Hosp, records, Catonsville APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) rise to immediate couse (a), Poge 4 may be retained by the hospital or ottending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(9) TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to CERTIFICATION 190, DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🚛 NO [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CALSE OF OFATH (If either, notify medical examiner) HOUR A.M. Month Day Year P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY) 21f. LOCATION Street or R.F.D. No. County Stote City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 12-12-68, 19 sow the deceased alive on 1-19, and that in (my) (our) apinion . to 4-17 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNAJURED 22c. DATE SIGNED ATTENDING PHYS DIRECTOR PHYSICIAN S 22e ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 230 BURIAL, CREMATION, (County) (Stote) Burial (Specify) Mt. Olivet Cem. Washington **ADDRESS** 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Balto. Md. 21229 VR A15 (4) 30M REV, 1/68 Williams G. Truman Schwab 3512 Frederick Ave.



			1/n	1	DI	VICION OF V	MAKTLANI - TAL RECORDS;	ON W DRECTOR			WIAND ALON		
			K	0522	2	AIDION OL A		ERTIFICATE			(YLAND 21201	05214	
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1	he death cer attending p	e mo		18 CAUSE OF DEATH (En	ter anly an	ne cause per line	far (a), (b), and (c).)					APPROX MA BETWEEN ONS	TE INTERVA. ET ANO OFATH
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	The att	d	RTE					YE	S 🔲 NO 🛭	CAUSES	OF DEATH?		
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	Pitch Pot f	5	MEDICAL	(If either, notify medical	examiner)	P.M.	19						
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbail pages. Pages 1 and 2	e Dept.		21d INJURY OCCURRED While Nat while at wark			FIGHE, FARM, STREET, FACTO FFICE BUILDING, ETC.				ar Town	County	State
	by there be controlled			22a. I certify that (saw the deceas	K (this he	aspital) atten	ded the deceased	from Mar	5, 191	69_, ta_A	pr:11 15, 19	69 , that \$	(we) last
	TENE ined ovld	e i		saw the deceas	sed alive ibave, 🗱	en_ APE L (we) (did) (d	konstruew the b	ody after death.	n (A y) (aur) a _l	pınian death a	ccurred an the d	ate and hour ar	id fram the
	R AT reto	M)		22b SIGNATURE	2	2. 61	7	U & DEGREE PHY	ENDING	MED DIRECTOR	CTAEC	DATE SIGNED	
	A pe			22d. PHYSICIAN'S		0.74			. ADDRESS	DIRECTOR X	PHYS L 4	/16/69	
	4 ma VERAI	90 D		NAME (Type) EI	RHARD	I. BUNY	OR, M.D.	V	A Hospi	tal, For	t Howard,	Md.	
	Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the director, page 3 should have been director, page 3 should have been directored for the page 3 should have been directed to the directory and the state base of the state base of the directory and the	Shau	230	BURIA, (REMATION, DEMOVAL (Specify)	23b, DATE 4/1	8/69	23c NAME OF CI Baltim	METERY OR CREMATO Ore Nation	na1	23d LOCATIO Balti	M (City or Town)	y land	(State)
	VR A1	15 DOW	24.	FUNERAL DIRECTOR			4 Appresse	dmondston	A 2So. REC'D	BY REGISTRAR	25b. REGISTRAR	S SIGNATURE	
	45M	1/26	W	TZKE FUNERA	L HOP	Œ	Balto,	Md.	DATE AF	PR 17 #	100 pch	may June	Sec.



	- 1	MAKILAND STATE DEPARTMENT OF HEALTH	
14	- 1	05223 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7		CERTIFICATE OF DEATH	05215
r death.	Ī	1 DECEASED-NAME (Type or print) First Middle White Lost Lost April Month /5 Doy/	1964 Pour 8, WH. M.
De executed within 24 haurs after death and completely filled many event, within 72 Haurs after death in any event, within 72 Haurs after death	3		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
4 hour		70 BIRTHPLACE (State or foreign country) W 1 V 3 V . CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED 9 COUNTY OF DEATH 21/40.	Md.
within '		10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not us hospital during most of prking life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during most of prking life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY Farm
TE EXECUTED with and completely remove carbon in any event, with	۲ و	130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE M d. 13b COUNTY 37 TO YES NO YES NO YES NO WINE	s Rd
n and se rem		14. FATHER'S NAME FIRST Middle Last 1S. MOTHER'S MAIDEN NAME FIRST M.ddle	Lost
Tw requires that the death certificate by ding physician. Seen signed by the attending physician of the burial-transit permit. Then please ar to burial, crematian, ar removal, and in		160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown (If yes give wot at dates of service) 218-18-5429 Mrs. Carrie Noyes, Parkto	n, Md.21120
ne death cei attending p permit. The		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) WAS CAUSED WAS CAUSED BY IMMEDIATE CAUSE (a)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH Source
it the death the attendir isit permit. nation, ar re		Conditions, if only, which gove	
equires that the physician. signed by the burial-transit burial, cremati		rise to immediate cause (a), stoting the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF (c)	
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Ihm Mw ratending attending has been se as the h priar ta		19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO X 19a ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 2. In	NSIDERED IN CERTIFYING
PHYSICIAN: Th∎ e haspital ar atte his certificate has stached far use c Dept. of Health p		21d. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 32ld. ACCIDENT WAS UNDERLYING 32ld. INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Interpretation of the Control of Injury in Part 1 or Port 2, Interpretation of the Injury of Injury in Part 1 or Port 2, Interpretation of Injury in Part 1 or Port 2, Injury in Part 1 or Port	em 18.)
VING PHYSICIAL by the haspital frer this certifica be detached fa State Dept. of H		21d. INJURY OCCURRED While Not while of work of work of work	Caunty State
		220. I certify that (1) (this hospital) attended the deceased fram 12-3, 1962, to 4-15, 19 sow the deceased alive an 1969, and that in (my) (our) opinion death accurred on the data causes stated above, (1) (we) (did) (did not) view the body ofter deoth.	69, that (I) (we) last e and hour ond from the
OR ATTENI be retained DIRECTOR: A je 3 should ed with the	<i>;</i>		ATE SIGNED -16-69
ro HosPital. Page 4 may k ro Funeral. D director, pag shauld be file		22d PHYSICIAN'S NAME (Type) DONALO L. BORTNER 22e. ADDRESS NEW FREEDOM, P.	9
Page TO FUN direct shaul		230 BURIA, CREMATION. 23b. DATE 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City of Town) PREMOVAL (Specify) 4/18/69 Bethe restancem, Jarretsuil	(County), (Stote) Md.
VR A15 (4) 30M REV. V.86	E	74 FUNERAL DIRECTOR Hartenstern Mew Freedom, Pa. 250. RECID BY REGISTRAR 250. REGISTRAR 5 5	IGNATURE LEAGUE



1	Ιt	em23 phone call MARYLAND STATE DEPARTMENT OF HEALTH 1/11/69 from 1/
END STATE	4	1/11/69 fr. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (1595) MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1 0	DECEASED-NAME First Middle Lost 20 DATE KNOWN MOONT DO YEOU 20, HOUR
S 0 0 5	((Type or Print) WILLIAM Preston WHITLEY DEATH MATED WAY TO WAS A
Poge 15	3 5	SEX 4 RACE S DATE OF BIRTH 1067 6. AGE (IN YOUTS, IF UNDER 1 YEAR 14 UNDER 24 HRS 24 DATE PRONOUNCES DEAD 20 HOUR
and de		m w RAZILAGO XICA MONES 133 HOURS MAN MONTH Day Of Year 159 CAN
Jepo		BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9 COUNTY OF GEATH
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Give Poges ong with far the State th.	10.	Towson 11. NAME OF HOSPITAL OR INSTITUTION (if not in bospitol during most of working life, even if retired) 12b. KIND OF BUSINESS OR during most of working life, even if retired) 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 11DUSTRY
er d Sive ng v h th	130	USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER #21234
off alo deot	0	odmission) STATE Maryland COUNTY Baltimore YES NO K 8524 Oakleigh Rd. 2
hours ofter death Item 18 Give Poges 1, Office along with farm 1 and 2 with the State De ofter death.	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
24 h n Http://s.com/s.co	1	Harold Whitley Maureen Kathleen Johnson
age 100		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS
(No Harold G. Whitley 8524 Uakleigh Rd.21234
70.00		18 CAUSE OF DEATH (Enter on y one couse per lyne tox (o) (b), and (c) PART I DEATH WAS CAUSED BY:
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is certificate to, writing the forworded to used as a fremoval, and	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
e de la	ERTIF	210. EXTERNAL CALSE WAS 21b T-ME OF INJURY Months Day, Year 21c. HOW, MYTORY OCCURRED (Independent of Injury in Port Vor Bost-2, Item 18)
= = = 0		PRIMARY OR CONTRIBUTING TO HOUR A M
INER: the certifications should files. 3 should	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, / 21f, LOCATION Street or RYD No City or Town (younty Stote
(AMINER: e the cert e 4 should files. oge 3 shou cremation.		WHILE NOT WHILE Toctory, office building, ex
Pag Pag or y R: P		22a. I certify that I taak charge of the remains described above, held on Autapsy , Inspection , Inquiry , and in my apinion
to the ed f		death resulted fram Natural causes Accident C. Suicide Hamicide Undetermined manner
directo directo eto ned DIRECTO		SRIEF MEDICAL EXAM, NER
		SIGNATURE COLOR CONTROL ASSISTANT MEDICAL EXAMINER 226 DATE-SIGNED
D DEPUTY necessary, p the funeral S may be re D FUNERAL Health prior		EXAMINER'S NAME (Type) Charles F. O'Donnell Donnell ADDRESS(Street, city, town, or county)
o DEP necesss the fur 5 moy 0 FUNI Health	230	NAME (Type) Charles F. O'Donnell ADDRESS(Street, city, town, or county) BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR REMATORY COME TO PART OF COUNTY) (State)
4		Burial 4-11-1969 Holly Hill Memorial Gardens Middle River, Maryland
1.	24.	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REG STRAR S SIGNATURE
VR A15ME (5)	W	m. Cook-Brooks Towson 1050 York Rd. 21204 APR 1 0 1969 House

5 ...

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05217 J in by the funeral pers Pages 1 and 2 72 faurs after death. 1. DECEASED-NAME First Middle last 2d DATE OF DEATH 2b. HOUR be executed within 24 haurs after death (Type ar print) ESTETAE WIGHT April TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by-the-fur director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER I YEAR IE UNDER 24 HRS White Female December 19, 1902. last-birthday) 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Maryland USA Baltimore. WIDOWEDS DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working ife, even if retired) Retired Govt. Worker Middle River Middle River Rd. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d DASIDE CITY LIMITS? 136 COUNTY YESTE Box 103 Rio Hindo NO 15 MOTHER'S MAIDEN NAME First 14 FATHER S NAME Middle Middle Last Sophia Eichelberger Howard Thomas 16b SOCIAL SECURITY NO. requires that the death certificate 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) (,f yes give wor or dates of service) Mrs. Norma L. Knight, Middle River Road#20 attending phys APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per tiple for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause last. PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20e AUTOPSY? CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Nat white at wark 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an #1 235 72b. SIGNATURE DIRECTOR PHYSICIAN'S NAME (Type) 22e ADDRESS 23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BEINGWAT (SUIFCITY) Baltimore National Cem. Baltimore, Md. 24. FUNERAL DIRECTOR VR A15 47 3 Leonard J. Ruck, Inc. Balto. Md. 21214



. 1	Item2a H	TIMON OF VI	MARYLAND STATE D TAL RECORDS, 301 W. PRES	EPARTMENT OF HEA	LTH Re. Maryland 212	201	
FOR STATE	4/14/69 1	$^{\rm tk}$ 05226 M	EDICAL EXAMINER'S	CERTIFICATE OF	DEATH	(05218
HEALTH DEPT.	1 DECEASED-NAME	First	Middle	Lost	2a DATE	KNOWN 79 Month De	ay Year 2b HOUR
3 to	(Type or Print)	ERMAN	WILLIAM	WIL	PERIN	MATED 4/3	19 69 M
delay and 3 M3 Po	3. SEX Male		of Birth 6 AGE (In y 22, 1909 59	POIS IF UNDER 1 YEAR IF AND HOLE YRS HOLE THE PROPERTY OF THE POINT		ronounced DEAD ril Day 3,	Year 1969 2d. HOUR 1:25 A.M
s 1, 2, orm P	70 BIRTHPLACE (Sto	u	OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED WIDOWED DIVORCED	_	ALTIMORE	Mi
of setter death 18. Give Pages 1, ce along with farm 12 with the State D	10 CITY OR TOWN (Barthiore Gen.	Hospital	20 USUAL OCCUPATION (fur no most of working li Bar tende	fe, even if retired) [INI	b KIND OF BUSINESS OR DUSTRY
24 hours efter death in Item 18. Give Page r's Office along with es I and 2 with the Sta after death a	13a USUAL RESIDEN admission) STAT	NCE (Where deceased lived, r E Md. 13b. CO	f institution. Residence before 13c UNTY Carroll Sy		E CITY LIMITS? 13e STREET	TAND NUMBER ute #2	
	14 FATHER S NAME	First	Middle Last	IS MOTHER'S MAIDEN N	IAME First	Middle	Lost
within 24 ho pencil in Ite caminer's Ott le pages 1 or 72 haurs aft		Paul	M. W111		Lucina		ingham
within 24 pencil in xaminer's ile pages 72 haurs	Yes, no, or unkno	VER IN U.S. ARMED FORCES? WITH (If yes give wer or dates of	16b. SOCIAL SECURITY NO.	17. INFORMANT	Man	ADDRESS	442
				4 Mrs. Gene	eva wili	Same As	APPROXIMATE INTERVA.
executed in a major in Medical permit.		man Ber seed discussion man	se per line for (a), (b), and (c).) (o) Hypertensive a	nd arterioscl	erotic card	iovascular	BETWEEN ONSET AND DEATH
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be d'pe inef	Conditions, if	ony, which gave	(b)				
ould ward he Ch ial-trc any			TO, OR AS A CONSEQUENCE OF				
should be e ne ward "per a the Chief i burial-transit	last.	,	(c)				
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rtifico riting rarde rd as	190, DATE OF	OPERATION	196 CONDITION FOR WHICH	LODEDATION			20 AUTOPSY?
e, writ farwar farwar emava	190. DATE OF	DI EKKIION	WAS PERFORMED?	OTERATION			YES [X] NO
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itNER: T en certifice should b files. 3 should l	PRIMARY CAUSE OF DEA		HOUR A.M. P.M 19				
		CCURRED 21e. PLACE OF II	NJURY (At hame, farm, street, building, etc.)	21f LOCATION Street or R F	D. No. City o	r Town	County State
	AT WORK	AT WORK	bolloning, etc.)				
- 3 - 6 K - 5	22a		ge af the remains described a		X), Inspection], Inquiry [],	and in my apinion
Se exercitor. Printed for Buria	death r	esulted fram: Nature	al causes X Accident], Suicide [], Har	micide, Undet	ermined manner []
please e I director retained DIRECT for to bu	ACTUAL	()	17	N .	DICAL EXAMINER	22b DATE SIG	NED
PTY, ieroll be be pri	SIGNATURE -	Charles S	Springate, M.D		MEDICAL EXAMINER X	April	3, 1969
ro DEPUTY Dica necessary, please exithe funeral director. S may be retained TO FUNERAL DIRECTOR Health prior to but	EXAMINER'S NAME (Type) Gliattes 5	springace, man	•	Street, city, tawn, ar coun		
the the Her	230 BURIAL, CREM.	ATION, 23b DATE	23c NAME OF CEMI	TERY OR CREMATORY	23d LOCAT ON	(City or Town) (C	aunty) (Stote)
•	REMOVA (Spe Buria		969 Lakevi	ew Memorial			oll,Md.
VR A15ME (5)	24 FUNERAL DIRECT		ADDRESS 41. Sykesyill		APR 7 198	25b. REGISTRAR S SIG	an Quedas
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		MARYLAND STATE DEPARTMENT OF HEALTH	
		05227 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
A SALTANTAL SALE ON THE		CERTIFICATE OF DEATH 05	5219
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e executed and completed remove cor	odm	O USUAL RESIDENCE (Where decreased lived, if institution Residence before 13c, CUTY OR TOWN 13d, MISIDE CITY LIMITS? 13e. STREET AND NUMBER Residence before 13c, CUTY OR TOWN YES. NO. 13e. STREET AND NUMBER Residence before 13c, CUTY OR TOWN YES. NO. 13e. STREET AND NUMBER Residence before 13c, CUTY OR TOWN YES. NO. 13e. STREET AND NUMBER Residence before 13c, CUTY OR TOWN YES. NO. 13e. STREET AND NUMBER Residence before 13c, CUTY OR TOWN YES.	<u>/</u>
		FATHERS NAME First H. Middle Last Is. MOTHERS MAIDEN NAME First Middle Wary	IN 9
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the d he oth if pen ation,		Conditions, if any, which gave)	
ss thot idon. d by ti I-trons I, crem		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last. (c)	
require g phys signe burio		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The low requires the attending physicion. hos been signed by ise os the buriol-troith prior to buriol, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	PERED IN CERTIFYING
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TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		22a. I certify that (I) (this haspital) attended the deceased from 19.6.7 and that in (my) (own) apinian death accurred on the date of causes stated above, (I) (we) (did) (did not) view the body after death.	, that (I) (wa) last nd haur and fram the
OR ATTENI be retained DIRECTOR: A je 3 should ed with the		22b SIGNATURE 22c DATE 3	SIGNED
IAL OF loy be AL DIR AL DIR poge 3		22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS	7/7/67
O HOSPITAL Poge 4 moy O FUNERAL director, pog should be fil	23n	NAME (Type) H. M. F. R. R. L.	ounty), (State)
F - F		19 VA Sport D 4/12/64 Heretord Baptist Cem. Parkton-Ba	1/10,- Md,
SOM REV SOR	>	ames Sartentein New Freedom, Pg - 250, REC'D BY REGISTRAR 250, REC'D BY REGISTRAR 250, REC'D BY REGISTRAR 250, REC'D BY REGISTRAR 3 SIGNI	Judge.





5/ / - 1		MAKTLAND STATE DEPARTMENT OF		
		OF VITAL RECORDS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	05221
, ,	05229	CERTIFICATE OF DEATH		
# -5#	1. DECEASED-NAME First (Type or print)	Middle Lost	20. DATE OF DEATH Month > Doy	2b. HOUR M
dec dec	Paul	m NMI Wordtt	4 14	69 ^{yeor} 12:210
fer for the fer the fe	3. SEX	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOURS MIN.
the the rs of	Male	White 06/09/03	last birthday)	
24 haurs after death. d in by the funeral rs. Pages 1 and 2	7a BIRTHPLACE (State or foreign 7b. CITIZEN OF country)	WHAT COUNTRY? 8. MARRIED (NEVER MARRIED)	9 COUNTY OF DEATH	
2 DMV	Maryland US	S.A. WIDOWED DIVORCED	Baltimore	Md.
三大五 三	10 CITY OR TOWN OF DEATH		JAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
e death certificate be executed with attending physician and campletely permit. Then please remave carban an, ar removal, and in any event, with	Randallstown	overstreet oddress) Balto. Co. Gen. Hosp.	nost of working life, even if retired)	INDUSTRY
	130 USUAL RESIDENCE (Where deceosed lived, if ins	titution: Residence before 13c, CITY OR YOWN 13d INSURE CITY		
am eve	admission) STATE Md . 13b. COUNT	^V Baltimore Pikesville [®] □	¹⁰ □ 4111 Prisc	illa Lane
exe any	14 FATHER'S NAME First Middl	e Lost IS. MOTHER'S MAIDEN NAME	First Mindle	Lost
be re	e an	Wordt Elmel	ett madre	?
ate cian eas and	160. WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO 17 INFORMANT	Address	
hysi iifica	Yes, no, or unknown) (If yes give war or dates of service UNKNOWN 720-2	015-03-7222 BCGH record	s Randall	stown, Md.
g p D	18. CAUSE OF DEATH (Enter only one couse of	er line for (o), (b), and (c).)		APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
ath it igin	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		305/5	BANNER ORDER POR O'GHIT
de de straiter n, a	, , , , , , , , , , , , , , , , , , , ,	OR AS A CONSEQUENCE OF		
the of the control of	Conditions, if any, which gave)		EART DISEAS	
y + mosi	rise to immediate couse (a), (10)-		D. Co	
s de	stoting the underlying couse DUE 10, (or as a consequence of		
hysi gne rria		RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1/6)	
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the later of the l	190. DATE OF OPERATION 196. CONDIT ON FOR	YES NO	CAUCEC OF DEATUR	
re hor all	210 ACCIDENT WAS UNDERLYING 216 TIM	_ /	er noture of injusy in Post 1 or Post 2, 1	tem IR)
IAN di cal	₹ FLOR CONTRIBUTING FLORUSE OF DEATH HOLIR A	.M. Manth Doy Year	er rollie of injusy in tost i or tost 2,	Tent 10)
SSIC Ispirit	(If either, notify medical examiner) P	.M. 19	o City or Town	County State
bhy lis c tack	While Not while	RY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. N	d Gily of Town	County Stole
te e transfer	at work — of work —	7-23 10	2/10 3-// 10	133 About (1) () 1 .
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A Share a shar	22b SIGNATURE	6/1/11	22c	DATE SIGNED
OR De roll of white of white of white of white of the ordinary	damieli	ATTENDING PHYS	MED STAFF DIRECTOR PHYS.	7-14-69
AL OR AL OR Ay be Left Direction And	22d PHYS CIAN'S	1 0 - Sun mile. ADDRESS VA	7	KECVILLEAND
ERA ERA Elbe	NAME (Type) SANIUE	TI. SCHLAMIN JOBE	KNOW) AVE PII	10311269111
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- Long	24. FUNERAL DIRECTOR		BY REGISTRAR 2Sb REGISTRARS	
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	05230	DIVISION OF V		CERTIFICATE OF		RE, MARYLAND 21201	05222
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in 24 hours	70 BIRTHPLACE (State or foreign CANTON TO THE CONTROL OF THE CONTR	76 CITIZEN OF WHA	J.S.A.	8 MARRIED NEVER MA WIDOWED DIV		UNTY OF DEATH BALTIMORE	Md
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05232 05224 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR executed within 24 hours after death (Type or print) Month 27 Doy 69 Year XXXXXXXX Antone NMI Yienger 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 3-27-90 last burthday) white HOURS male pleose remove carban papers. Page I, and in any event, within 72 hours a physician and completely filled in by the 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA Balto. Co. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR Balto Co. during most of working life, even if retired.) Self Employe Randallstown General 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR FOWN 3e STREET AND NUMBER
3547 Milford Mill Rd. 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Balto. NO [14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle ficute be NMI Yienger John Rosenberger unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wor ar dates at service) burial, cremotion, ar remaval, 220-01-5372 A Grave Yienger The law requires that the death certif APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY signed by the attendir burial-transit permit. fuse Pulminary Canditions, if any, which gave } rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been detached for use os the e Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County White Not while at work 22a. I certify that (1) (this haspital) attended the deceased from... ..., and that in (my) (aur) apinion death accurred an the date and hour and from the director, page 3 should should be filed with the couses stated above, (1) (we) (did) (did not) view the body aftendeath/) 22b. SIGNATURE 22c. DATE SIGNED PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (Stote) May 1, 1969 New Cathedral Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR Loring Byers 8728 Liberty Road 21133 DATE

05030 MATTER ALPS IN THE PARTY OF THE TOTAL SEAT ASSULTED Displace Polyment of the analysis and promoted stable of the control of the contr CASA PROMISE WITH Subsetion to bulk and De Sware Colle, N.S. Ethologist 7 strike the strike of the strike the strike of the strike o The last period to say a rest related